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Health Care Financing Program Statistics

Medicare: Use of Physicians' Services under the Supplementary Medical Insurance Program, 1975–1978

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Health Care Financing Program Statistics

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Medicare: Use of Physicians' Services under the Supplementary Medical Insurance Program, 1975–1978

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Department of Health and Human Services
Health Care Financing Administration
Office of Research and Demonstration
March 1983

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Foreword

The Five-Percent Part B Bill Summary Statistical System first became available for services rendered in 1975. It provides a wide variety of information on the use of physicians' services by Medicare's aged and disabled beneficiaries. The purpose of this compendium is to make information from that system available for the period 1975 through 1978.

Much of the data in this report were developed in response to specific research and policy questions and were analyzed and reported in three previous studies (Ferry *et al.,* 1979; Gornick *et al.,* 1980; Pine *et al.,* 1981). For the most part, the published reports contain data for only 1975. Thus, this report updates the earlier publications and provides three additional years of data. In addition, this compendium provides new data on certain aspects of the use and cost of physicians' services under the Supplementary Medical Insurance (SMI) program, including information on site of service, beneficiary liability, and the disabled.

Many factors influence the quantity and type of health care services used by Medicare beneficiaries. In addition, a number of factors influence physicians' decisions on how a patient should be managed and on how the physician will be remunerated. These combined factors impact heavily on health care patterns and the total cost of health care services.

It is hoped that the information presented in this compendium will increase knowledge on the use and cost of services covered by the Supplementary Medical Insurance program.

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Part I

Supplementary Medical Insurance (SMI) Enrollment

1. Distribution of SMI Enrollees by Age, Sex, and Race

Aged

1975

There were 21.8 million persons 65 years of age and over enrolled under the Supplementary Medical Insurance program (SMI). Of these, 60 percent were under 75 years of age, nearly 20 percent were 75-79 years of age, and the remaining 20 percent were 80 years of age and over. Nearly 60 percent were women. About 89 percent were white; 8 percent were of races other than white; and 3 percent were of unknown race.

1975-1978

The number of Aged enrollees reached 23.3 million persons by 1978, representing a total increase of 7.1 percent or an average annual increase of 2.3 percent. During the period 1975 through 1978, the oldest age group (85 years and over) showed an average annual increase (5.1 percent) that was far greater than the U.S. average. By race, the average annual percentage increase was considerably higher for races other than white (3.5 percent) than that for white persons (2.3 percent).

This report was written in the Division of Beneficiary Studies, Office of Research. Data for this report were generated by the Medicare Statistical System which was designed and is maintained by the Statistical Programming Branch, Office of Statistics and Data Management, Bureau of Data Management and Strategy.

Disabled

1975

Of the 1.9 million Disabled persons enrolled under SMI in 1975, over 75 percent were 45-64 years of age, about 20 percent were 25-44 years, and the remaining were under 25 years. Disabled men constituted 63 percent of the total in contrast to Aged men who were only 40 percent of the total. Disabled persons of races other than white constituted 15 percent of the total Disabled. This proportion was nearly twice that of persons of races other than white among the Aged.

1975-1978

The number of Disabled enrollees increased to 2.5 million persons by 1978. This represents an increase of 29.1 percent or an average annual increase of 8.9 percent. For the period 1975 through 1978, the average annual growth rate of enrollees was highest for the 25-44 years age group—10.1 percent. The average annual rate of growth for persons of races other than white was 10.9 percent compared to an 8.6 percent growth rate for white persons.

TABLE 1
Medicare: Number and Percent Distribution of Aged and Disabled Persons Enrolled Under the SMI Program, by Age, Sex, and Race, U.S., 1975-1978

Age, Sex, and Race	Number of Enrollees (thousands)				Average Annual Percent Increase 1975-1978	Percent Distribution			
	1975	1976	1977	1978		1975	1976	1977	1978
Aged									
U.S. Total	21,795	22,287	22,813	23,343	2.3	100.0	100.0	100.0	100.0
Age:									
65-69	7,345	7,508	7,653	7,778	1.9	33.7	33.7	33.5	33.3
70-74	5,784	5,930	6,076	6,233	2.5	26.5	26.6	26.6	26.7
75-79	4,173	4,206	4,284	4,389	1.7	19.2	18.9	18.8	18.8
80-84	2,707	2,785	2,836	2,877	2.1	12.4	12.5	12.4	12.3
85 and over	1,785	1,858	1,965	2,066	5.1	8.2	8.3	8.6	8.9
Sex:									
Men	8,796	8,967	9,151	9,343	2.0	40.4	40.2	40.1	40.0
Women	12,999	13,320	13,662	14,000	2.5	59.6	59.8	59.9	60.0
Race:									
White	19,451	19,864	20,310	20,752	2.3	89.2	89.1	89.0	88.9
All Other	1,758	1,820	1,882	1,948	3.5	8.1	8.2	8.2	8.3
Unknown	586	603	622	643	3.1	2.7	2.7	2.7	2.8
Disabled									
U.S. Total	1,945	2,149	2,347	2,511	8.9	100.0	100.0	100.0	100.0
Age:									
Under 25	52	58	65	68	9.4	2.7	2.7	2.8	2.7
25-44	402	448	496	537	10.1	20.7	20.9	21.1	21.4
45-64	1,491	1,642	1,786	1,906	8.5	76.7	76.4	76.1	75.9
Sex:									
Men	1,221	1,340	1,459	1,561	8.5	62.8	62.4	62.2	62.2
Women	724	809	888	950	9.5	37.2	37.6	37.8	37.8
Race:									
White	1,611	1,777	1,933	2,062	8.6	82.8	82.7	82.4	82.1
All Other	298	336	375	406	10.9	15.3	15.6	16.0	16.2
Unknown	37	36	39	43	5.9	1.9	1.7	1.7	1.7
Aged and Disabled									
U.S. Total	23,740	24,436	25,160	25,854	2.9	100.0	100.0	100.0	100.0
Sex:									
Men	10,017	10,307	10,610	10,904	2.9	42.2	42.2	42.2	42.2
Women	13,723	14,129	14,550	14,950	2.9	57.8	57.8	57.8	57.8
Race:									
White	21,062	21,641	22,243	22,814	2.7	88.7	88.6	88.4	88.2
All Other	2,056	2,156	2,256	2,354	4.6	8.7	8.8	9.0	9.1
Unknown	622	639	661	686	3.3	2.6	2.6	2.6	2.7

2a. Distribution of Aged SMI Enrollees by Area of Residence

1975

By census region, the largest number of enrollees, 6.8 million, resided in the South (31.4 percent) and the smallest number of enrollees, 3.5 million, were in the West (16.0 percent). The Northeast had 5.4 million enrollees or 25 percent of the total, and the North Central region had 6.0 million enrollees or 28 percent. Over 40 percent of the enrollees resided in six States: California, with 2.0 million enrollees (9.2 percent); New York, 2.0 million enrollees (9.1 percent); Pennsylvania, 1.3 million enrollees (6.2 percent); Florida, 1.2 million enrollees (5.7 percent); and Illinois and Texas, each with 1.1 milllion enrollees (5.2 percent).

1975-1978

The average annual percent increase in enrollments in the South and West (3.1 and 3.3 percent) were twice the growth rates experienced in the Northeast (1.5) and North Central (1.6) regions. Of the 3.1 percent average annual increase in the South, Florida showed the highest annual rate of growth—4.8 percent, and the increase in enrollment in the District of Columbia averaged only 0.1 percent per year. In the West, where the average annual increase was 3.3 percent, Nevada and Arizona had the highest annual rates of growth, 8.2 percent and 6.6 percent, respectively; Wyoming showed the lowest average annual growth—1.8 percent.[1]

---

[1] During the period 1975 through 1978, data from the U.S. Census Bureau show a greater average annual increase in the general population in the South and the West.

TABLE 2a
Medicare: Number of Aged Persons Enrolled Under the SMI Program, by State, 1975-1978

Area of Residence	Number of Enrollees (in thousands)				Average Annual Percent Increase 1975-1978
	1975	1976	1977	1978	
U. S. Total	21,795	22,287	22,813	23,343	2.3
Northeast	5,437	5,520	5,606	5,690	1.5
New England	1,351	1,374	1,399	1,423	1.8
Maine	128	130	133	135	1.7
New Hampshire	89	91	93	96	2.6
Vermont	53	54	55	56	1.6
Massachusetts	655	662	671	680	1.3
Rhode Island	111	113	116	118	1.9
Connecticut	314	323	331	339	2.5
Middle Atlantic	4,086	4,146	4,208	4,266	1.5
New York	1,992	2,011	2,028	2,043	0.9
New Jersey	750	768	785	802	2.3
Pennsylvania	1,344	1,368	1,394	1,421	1.9
North Central	6,007	6,105	6,207	6,294	1.6
East North Central	4,001	4,071	4,142	4,205	1.7
Ohio	1,037	1,054	1,072	1,088	1.6
Indiana	518	528	538	546	1.8
Illinois	1,128	1,145	1,161	1,174	1.3
Michigan	811	826	843	859	1.9
Wisconsin	508	517	528	538	1.9
West North Central	2,005	2,034	2,065	2,089	1.4
Minnesota	435	442	450	456	1.6
Iowa	360	365	369	373	1.1
Missouri	584	593	602	608	1.4
North Dakota	73	74	76	77	2.1
South Dakota	84	85	86	87	1.3
Nebraska	190	192	195	197	1.3
Kansas	279	283	287	291	1.3
South	6,845	7,046	7,264	7,496	3.1
South Atlantic	3,408	3,524	3,652	3,796	3.7
Delaware	50	51	53	55	3.0
Maryland	322	330	339	348	2.6
Dist. of Columbia	65	64	65	65	0.1
Virginia	406	419	431	445	3.1
West Virginia	210	213	217	220	1.6
North Carolina	481	498	517	536	3.6
South Carolina	224	232	241	251	3.9
Georgia	416	429	443	458	3.2
Florida	1,234	1,288	1,347	1,420	4.8
East South Central	1,408	1,440	1,474	1,508	2.3
Kentucky	362	369	375	381	1.7
Tennessee	432	443	456	468	2.7
Alabama	368	377	386	397	2.6
Mississippi	246	252	257	262	2.2
West South Central	2,030	2,082	2,138	2,192	2.6
Arkansas	263	270	277	283	2.5
Louisiana	319	327	335	343	2.4
Oklahoma	321	328	335	341	2.0
Texas	1,126	1,158	1,191	1,225	2.8
West	3,488	3,596	3,716	3,844	3.3
Mountain	820	852	891	932	4.4
Montana	74	76	78	79	2.4
Idaho	78	80	83	86	3.2
Wyoming	33	34	34	35	1.8
Colorado	206	212	218	225	2.9
New Mexico	88	92	96	101	4.6
Arizona	211	224	239	256	6.6
Utah	87	89	93	96	3.5
Nevada	43	46	50	54	8.2
Pacific	2,668	2,744	2,826	2,911	3.0
Washington	355	365	377	390	3.1
Oregon	249	256	265	273	3.1
California	2,001	2,058	2,115	2,176	2.8
Alaska	7	7	8	8	5.8
Hawaii	56	59	61	65	5.0
Unknown	19	20	20	20	1.8

2b. Distribution of Disabled SMI Enrollees by Area of Residence

1975

The distribution of Disabled SMI enrollees by area of residence also showed the highest number in the South—725,000 enrollees (37.3 percent), and the lowest number in the West—326,000 enrollees (16.7 percent). The Northeast had 21.8 percent and the North Central 23.9 percent.

1975-1978

In contrast to the growth pattern of the Aged during the period 1975 through 1978, for which SMI enrollment rates in the South and West regions were twice those in the Northeast and North Central regions, the average annual growth rate of the Disabled in each region hovered closer to the overall average as shown:

Comparison of Enrollment Rates

	Aged	*Disabled*
U.S. Total	*2.3*	*8.9*
Northeast	1.5	9.2
North Central	1.6	8.5
South	3.1	8.9
West	3.3	9.4

At the State level, the growth rate of Disabled enrollees was highest in Nevada, with an average annual increase of 14.6 percent in the 1975-1978 period, followed by Arizona and Florida, each with an average annual increase of 12.8 percent.

TABLE 2b
Medicare: Number of Disabled Persons Enrolled Under the SMI Program, by State, 1975-1978

Area of Residence	Number of Enrollees (in thousands)				Average Annual Percent Increase 1975-1978
	1975	1976	1977	1978	
U. S. Total	1,945	2,149	2,347	2,511	8.9
Northeast	424	471	514	551	9.2
New England	94	105	114	121	9.0
Maine	11	12	143	14	8.6
New Hampshire	6	6	7	8	10.4
Vermont	4	5	5	5	9.8
Massachusetts	42	48	53	56	9.4
Rhode Island	9	10	11	11	7.9
Connecticut	21	24	26	27	8.2
Middle Atlantic	330	366	399	430	9.2
New York	156	173	189	204	9.5
New Jersey	60	68	76	82	10.7
Pennsylvania	114	125	135	144	8.0
North Central	464	512	558	593	8.5
East North Central	334	370	406	433	9.1
Ohio	93	104	115	124	10.2
Indiana	42	47	52	56	9.5
Illinois	80	88	96	102	8.3
Michigan	83	92	101	107	8.8
Wisconsin	36	39	43	45	7.8
West North Central	130	141	151	160	6.9
Minnesota	26	28	30	32	7.0
Iowa	22	24	25	27	6.8
Missouri	48	52	56	59	7.6
North Dakota	5	5	5	5	4.2
South Dakota	5	5	6	6	5.8
Nebraska	10	11	11	12	5.8
Kansas	16	17	18	19	6.8
South	725	798	872	938	8.9
South Atlantic	356	392	432	468	9.5
Delaware	4	5	5	6	9.4
Maryland	27	29	32	35	8.9
Dist. of Columbia	6	7	7	7	5.6
Virginia	46	50	54	58	7.8
West Virginia	34	37	39	40	5.6
North Carolina	61	67	74	80	9.2
South Carolina	35	38	41	44	8.1
Georgia	58	64	72	78	10.2
Florida	84	95	108	121	12.8
East South Central	173	190	205	218	8.0
Kentucky	43	48	51	54	7.6
Tennessee	51	57	63	67	9.5
Alabama	46	50	53	56	6.6
Mississippi	32	35	38	41	8.4
West South Central	196	216	235	252	8.7
Arkansas	31	34	37	40	8.3
Louisiana	41	45	49	53	8.7
Oklahoma	29	32	34	36	7.4
Texas	94	104	114	122	9.1
West	326	363	399	426	9.4
Mountain	71	79	88	95	10.2
Montana	7	7	8	8	6.4
Idaho	7	7	8	8	6.5
Wyoming	2	2	3	3	5.9
Colorado	15	17	19	20	10.9
New Mexico	10	11	12	13	9.6
Arizona	19	22	25	27	12.8
Utah	6	7	8	8	7.7
Nevada	5	5	6	7	14.6
Pacific	255	284	311	331	9.1
Washington	29	33	36	39	9.9
Oregon	22	24	26	27	7.5
California	198	221	242	258	9.2
Alaska	1	1	1	1	4.8
Hawaii	5	5	6	6	8.6
Unknown	6	6	4	4	

Part II

Physicians' Charges and Medicare Reimbursements

3. Physicians' Total Charges and Percent Reduction, by Age, Sex, and Race

1975

Physicians submitted approximately $4.9 billion in charges for services rendered to Aged persons in 1975. Of this amount, 81.5 percent was allowed, that is, deemed reasonable under the customary, prevailing, and reasonable charge (CPR) method.[2] This means that nationally, physicians' charges were reduced an average of 18.5 percent. The percent reduction varied little by age, sex, or race. Submitted charges for services to Medicare's Disabled population were approximately $447 million in 1975 and the average charge reduction was 19.6 percent—slightly higher than for Aged persons.

[2] Under Medicare the "reasonable" or "allowed" charge is the lowest of (1) the actual charge made by the physician for that service, (2) the physician's customary charge (the physician's 50th percentile) for that service, or (3) the prevailing charge (set at the 75th percentile of weighted customaries) in that locality for that service.

1975-1978

Physicians' submitted charges for the Aged increased to $7.8 billion in 1978 and the average reduction rose to 19.9 percent. For the Disabled, total physicians' charges reached $938 million in 1978 with an average reduction of 21.1 percent.

Several factors can influence differences in the rate of reduction of physicians' charges, including differences in the rate of increase in charges over time and discretionary practices of carriers as they apply the CPR method (Mueller, 1979). In 1976, the Economic Index was introduced and it also has had an impact on the rate of reduction of submitted charges. This Index limits the maximum amount Medicare allows for physicians' fees.[3]

[3] The Economic Index consists of two components: one measures increases in general earnings levels (attributable to factors other than increases in productivity) and the other measures increases in expenses of the kind incurred by physicians. The Index is calculated as the weighted average of the increases, during a specified period, in several indexes published by the Bureau of Labor Statistics.

TABLE 3
Medicare: Total Physicians' Charges to Aged and Disabled Persons Under the SMI Program and the Percent Reduction, by Age, Sex, and Race, U.S., 1975-1978

Age, Sex, and Race	Total Physicians' Charges (in millions)				Percent Reduction in Total Charges			
	1975	1976	1977	1978	1975	1976	1977	1978
Aged								
U. S. Total	$4,904.6	$5,752.2	$6,397.8	$7,814.1	18.5	20.1	19.2	19.9
Age:								
65-69	1,338.1	1,719.4	1,828.2	2,019.6	18.7	20.2	19.5	20.3
70-74	1,312.4	1,525.3	1,689.3	2,073.8	18.4	20.2	19.2	20.0
75-79	1,027.6	1,168.2	1,315.2	1,655.2	18.3	19.8	19.0	19.6
80-84	735.1	810.0	903.3	1,158.9	18.4	20.0	19.0	19.7
85 and over	491.4	529.4	661.8	906.6	18.5	20.3	19.0	19.6
Sex:								
Men	2,085.5	2,440.4	2,737.9	3,358.8	18.6	20.1	19.1	20.0
Women	2,819.0	3,311.7	3,659.9	4,455.3	18.4	20.1	19.2	19.8
Race:								
White	4,531.3	5,291.7	5,852.0	7,095.5	18.4	20.0	19.1	19.8
All Other	301.4	370.4	400.8	511.7	19.0	20.8	19.9	20.7
Unknown	71.9	90.0	145.1	206.9	18.5	21.1	20.0	20.1
Disabled								
U. S. Total	$ 446.7	$ 625.0	$ 737.4	$ 937.8	19.6	21.1	20.6	21.1
Age:								
Under 25	—	15.8	17.1	21.0	—	22.0	20.9	22.7
25-44	—	111.1	131.0	171.3	—	22.2	21.6	22.3
45-64	—	498.1	589.3	745.6	—	20.8	20.4	20.8
Sex:								
Men	—	349.1	408.9	521.4	—	20.8	20.4	20.9
Women	—	275.9	328.4	416.5	—	21.4	20.9	21.4
Race:								
White	—	531.2	620.5	782.9	—	20.9	20.5	20.9
All Other	—	88.3	107.8	139.5	—	21.8	21.3	21.9
Unknown	—	5.5	9.1	15.5	—	22.7	21.6	22.2
Aged and Disabled								
U. S. Total	$5,351.3	$6,377.2	$7,135.2	$8,751.9	18.6	20.2	19.3	20.0
Sex:								
Men	—	2,789.5	3,146.8	3,880.2	—	20.2	19.3	20.1
Women	—	3,587.6	3,988.4	4,871.8	—	20.2	19.4	20.0
Race:								
White	—	5,822.9	6,472.5	7,878.4	—	20.1	19.3	20.0
All Other	—	458.7	508.6	651.2	—	21.0	20.2	20.9
Unknown	—	95.5	154.2	222.4	—	21.3	20.2	20.2

4a. Physicians' Total Charges and Percent Reduction, for the Aged, by State

1975

The percent reduction in physicians' submitted charges for services to the Aged varied very little by census region. In 1975 the range was from 19.8 percent in the Northeast to 17.3 percent in the North Central region. By State, however, the variation was more notable with the rate of reduction ranging from 14.3 percent in Nebraska to 22.8 percent in Michigan.

1975-1978

Although the percent reduction in physicians' charges increased nationally during the period 1975 through 1978, a few States showed a different pattern. New Hampshire, for example, had a reduction rate of 18.6 percent in 1975 but showed less reduction in 1978—16.2 percent; in Florida the rate of reduction dropped from 19.9 percent in 1975 to 18.6 percent in 1978.

TABLE 4a
Medicare: Total Physicians' Charges for Services to Aged Persons Under the SMI Program and the Percent Reduction, by State, 1975-1978

Area of Residence	Total Physicians' Charges (in millions)				Percent Reduction in Total Charges			
	1975	1976	1977	1978	1975	1976	1977	1978
U. S. Total	$4,904.6	$5,752.2	$6,397.8	$7,814.1	18.5	20.1	19.2	19.9
Northeast	1,386.4	1,613.9	1,758.6	2,159.2	19.8	20.4	19.6	20.4
New England	297.8	353.6	370.2	472.8	18.9	19.8	18.5	19.3
Maine	22.1	23.3	27.9[1]	33.4	14.5	15.4	15.4	17.9
New Hampshire	15.3	16.2	18.5[1]	20.2[1]	18.6	15.8	15.6	16.2
Vermont	9.5	11.9	10.1[1]	13.3	15.0	15.4	14.5	14.3
Massachusetts	146.9	181.2	175.7[1]	242.4	20.3	21.5	20.5	21.2
Rhode Island	30.6	33.9	41.5	50.9	19.8	22.1	21.2	21.9
Connecticut	73.5	87.2	96.5	112.7	17.6	17.9	15.3	15.5
Middle Atlantic	1,088.6	1,260.3	1,388.4	1,686.4	20.0	20.6	19.9	20.8
New York	614.8	705.0	739.0	964.3	21.8	21.4	20.3	21.1
New Jersey	194.9	230.2	268.8	320.6	18.4	20.2	20.0	20.9
Pennsylvania	278.8	325.0	380.6	401.5[1]	17.2	19.0	18.9	19.8
North Central	1,121.7	1,287.9	1,496.3	1,841.5	17.3	19.4	19.4	20.3
East North Central	760.1	891.1	1,051.7	1,299.4	18.2	20.1	20.3	21.1
Ohio	178.5	209.8[1]	262.1	326.0	17.1	18.7	19.2	20.2
Indiana	87.2	104.8	88.7[1]	134.0	16.4	18.4	18.8	19.5
Illinois	215.0	250.2	277.7	365.4	16.8	20.7	20.5	20.1
Michigan	174.5	208.1	290.7	316.5[1]	22.8	23.1	22.8	25.0
Wisconsin	104.8	118.1	132.5	157.4	16.5	18.0	17.6	19.2
West North Central	361.6	296.8	444.5	542.1	15.5	17.6	17.4	18.3
Minnesota	80.2[1]	96.9	109.4	106.8[1]	15.0	16.9	16.7	17.2
Iowa	58.2	63.6[1]	74.0	100.1	17.7	20.0	19.5	20.8
Missouri	112.8	113.0[1]	120.3[1]	168.5	15.1	16.7	16.6	17.7
North Dakota	13.1[1]	16.2	15.9[1]	24.7	17.0	17.8	17.3	18.2
South Dakota	11.2	16.4	17.3	17.7[1]	17.0	20.2	19.1	20.0
Nebraska	32.3	32.8[1]	36.6[1]	48.0	14.3	17.8	16.8	17.8
Kansas	53.9	57.8[1]	71.2[1]	76.2[1]	14.8	17.3	17.4	17.8
South	1,379.3	1,605.2	1,669.9	2,105.2	18.1	19.4	18.9	19.5
South Atlantic	735.1	840.3	958.5	1,259.2	18.4	19.4	18.2	18.8
Delaware	8.7[1]	11.6	13.9[1]	18.7	20.3	20.5	21.9	20.4
Maryland	58.6[1]	92.0	107.8	129.2	17.7	18.7	17.9	18.6
Dist. of Columbia	18.5	22.9	22.6[1]	28.7[1]	19.3	20.9	19.4	19.4
Virginia	69.9	87.7	102.1	124.4	17.2	18.7	18.6	18.9
West Virginia	25.5	30.9	35.6	52.2	16.6	18.7	20.1	20.9
North Carolina	77.1	89.3	106.3	131.0	15.6	18.1	18.0	18.8
South Carolina	33.6	43.1[1]	39.8[1]	17.1[1]	16.5	19.3	19.4	18.8
Georgia	78.3	96.3	111.3	134.2	17.1	18.7	18.8	19.0
Florida	364.9	366.6[1]	418.9[1]	623.5	19.9	20.2	17.6	18.6
East South Central	210.7	269.2	295.0	393.9	18.3	20.0	19.8	21.2
Kentucky	42.9[1]	50.0[1]	70.5	92.6	20.1	18.6	18.8	19.7
Tennessee	67.1	89.1	97.3	128.3	18.9	21.7	20.0	21.6
Alabama	58.0[1]	78.7	70.9[1]	106.6	16.3	19.5	19.8	20.5
Mississippi	42.7	51.5	56.3	66.4	18.1	19.1	20.5	23.1
West South Central	433.5	495.7	416.5	452.1	17.4	19.2	20.0	20.2
Arkansas	50.4	58.2	51.2[1]	86.2	16.7	18.7	19.2	18.2
Louisiana	57.6	60.0	50.7[1]	44.4[1]	16.7	19.3	20.6	20.1
Oklahoma	60.5	74.5	81.3	101.1	17.2	18.4	19.1	20.1
Texas	264.9	302.9	233.2[1]	220.3[1]	17.7	19.4	20.3	21.1
West	1,014.6	1,242.5	1,469.6	1,702.9	18.6	21.3	18.7	19.2
Mountain	185.4	226.2	265.4	330.8	17.7	18.8	18.0	18.6
Montana	8.4[1]	15.5	20.2	29.8	20.2	18.3	14.3	16.1
Idaho	13.8	18.6	19.0	23.3	19.4	21.5	19.5	21.5
Wyoming	5.6	6.4	7.7	9.5	18.7	20.6	21.0	21.5
Colorado	46.4	51.1	57.3	76.8	16.0	17.6	18.5	19.1
New Mexico	21.4	22.5	25.7	33.8	15.6	19.0	17.4	18.3
Arizona	62.1	75.0	96.4	112.8	18.4	18.8	17.2	17.8
Utah	15.4[1]	17.7	20.1	22.6[1]	18.8	17.3	17.5	18.7
Nevada	12.3	19.4	19.1[1]	22.2	17.8	20.7	22.8	19.9
Pacific	829.2	1,016.3	1,204.3	1,372.0	18.8	21.9	18.9	19.4
Washington	83.2	94.6	117.5	112.6[1]	17.1	19.8	17.9	18.4
Oregon	53.7	66.6	79.7	84.3	17.5	18.7	18.2	18.6
California	676.7	837.4	982.2	1,143.0	19.1	22.4	19.1	19.5
Alaska	2.1	1.1[1]	4.0	6.1	16.6	22.2	19.3	24.3
Hawaii	13.5	16.6	20.9	26.1	18.8	21.3	10.2	18.2

[1] Amounts shown are as reported by the fiscal agents (carriers). These data reflect the incompleteness in the reporting of claims and thus U. S. totals are estimated to be 3 to 5 percent under-reported.

4b. Physicians' Total Charges and Percent Reduction, for the Disabled, by State

1975

The percent reduction in physicians' charges for services to Disabled persons showed more variation by region than did the percent reduction for the Aged. The reduction rate in 1975 was higher in each region for the Disabled than for the Aged, as shown:

Comparison in Percent Reduction in Charges

	Aged	*Disabled*
U.S. Total	*18.5*	*19.6*
Northeast	19.8	21.0
North Central	17.3	17.6
South	18.1	18.7
West	18.6	22.1

1975-1978

About three-fourths of the States followed the national trend of a higher reduction in 1978 than in 1976; however, one-fourth of the States, predominately in the South and West, showed a lower reduction.

TABLE 4b
Medicare: Total Physicians' Charges for Services to Disabled Persons Under the SMI Program and the Percent Reduction, by State, 1975-1978

Area of Residence	Total Physicians' Charges (in millions)				Percent Reduction in Total Charges			
	1975	1976	1977	1978	1975	1976	1977	1978
U. S. Total	$446.7	$625.0	$737.4	$937.8	19.6	21.1	20.6	21.1
Northeast	106.0	143.7	170.7	224.6	20.0	21.8	21.0	21.7
New England	—	27.1	31.7	45.9	—	20.5	18.7	20.6
Maine	—	2.3[1]	2.6	3.0	—	16.4	15.3	17.0
New Hampshire	—	1.6	2.2	3.4	—	16.7	15.9	17.3
Vermont	—	1.1	1.5	1.8	—	13.5	15.0	15.8
Massachusetts	—	13.0	14.0[1]	21.8	—	21.7	20.1	22.1
Rhode Island	—	2.7[1]	3.5	5.8	—	26.7	23.9	28.7
Connecticut	—	6.5[1]	8.1	10.1	—	19.1	16.4	15.8
Middle Atlantic	—	116.6	139.0	178.7	—	22.1	21.5	21.9
New York	—	56.9	63.4[1]	89.0	—	23.2	21.7	22.5
New Jersey	—	25.8	28.9	39.8	—	21.4	21.6	21.7
Pennsylvania	—	33.9	46.7	49.9	—	20.9	21.2	21.1
North Central	91.6	133.6	165.2	211.6	17.6	19.8	20.9	21.3
East North Central	—	97.8	125.6	158.7	—	20.2	21.8	22.1
Ohio	—	24.3	32.1	41.5	—	17.3	19.2	20.6
Indiana	—	11.5	11.5[1]	17.7	—	17.4	19.5	19.2
Illinois	—	22.4	24.3	35.5	—	21.3	20.4	21.0
Michigan	—	27.7	44.4	50.4	—	24.4	26.5	26.1
Wisconsin	—	11.9	13.2	13.7	—	16.7	17.2	18.3
West North Central	—	35.8	39.7	52.9	—	18.6	17.8	19.0
Minnesota	—	9.4	8.7[1]	9.8[1]	—	19.9	16.7	17.9
Iowa	—	5.0[1]	6.8	9.8	—	21.7	19.5	20.5
Missouri	—	11.5	13.2[1]	19.2	—	17.1	17.3	17.9
North Dakota	—	1.2	1.4	2.2	—	18.1	21.2	20.9
South Dakota	—	1.8	1.9	1.6[1]	—	18.0	15.4	22.2
Nebraska	—	2.4	2.7	3.5	—	16.4	15.3	17.7
Kansas	—	4.6	5.0	6.8	—	18.2	20.0	20.9
South	141.4	195.8	214.5	284.5	18.7	19.8	19.8	20.4
South Atlantic	—	100.9	124.2	167.8	—	19.8	19.2	19.8
Delaware	—	1.4	1.7	2.2	—	28.0	19.2	16.1
Maryland	—	10.3	12.7	15.6	—	20.5	18.4	19.5
Dist. of Columbia	—	2.4	2.1[1]	3.6	—	26.3	24.3	25.5
Virginia	—	12.3	14.9	19.2	—	19.7	18.1	19.9
West Virginia	—	6.0	6.1	10.2	—	19.1	18.2	19.3
North Carolina	—	16.5	20.3	28.0	—	18.1	18.9	19.4
South Carolina	—	7.7	8.1[1]	4.4[1]	—	20.0	18.9	16.3
Georgia	—	16.2	22.1	28.8	—	17.5	19.1	19.5
Florida	—	28.1[1]	36.0	55.9	—	21.2	20.0	20.3
East South Central	—	40.3	46.7	67.0	—	20.3	20.4	21.5
Kentucky	—	7.4	8.3	14.0	—	18.8	19.3	19.7
Tennessee	—	13.2	17.7	22.7	—	22.6	21.2	21.1
Alabama	—	12.4	11.5[1]	18.5	—	18.8	17.8	20.5
Mississippi	—	7.3	9.2	12.0	—	20.4	23.0	25.6
West South Central	—	54.6	43.6	49.7	—	19.4	20.9	20.8
Arkansas	—	7.5	6.7[1]	11.9	—	19.0	19.2	18.8
Louisiana	—	7.3	7.3[1]	6.2[1]	—	20.1	23.6	21.6
Oklahoma	—	7.4	8.7	11.2	—	18.0	19.3	19.7
Texas	—	32.4	20.8[1]	20.4[1]	—	19.6	21.2	22.3
West	107.0	150.7	186.2	215.4	22.1	23.1	21.1	21.4
Mountain	—	24.9	29.9	36.8	—	19.6	18.2	20.0
Montana	—	1.9	2.2	2.5	—	16.8	14.6	16.2
Idaho	—	1.7	2.5	3.2	—	21.8	16.9	21.4
Wyoming	—	.7	.8	.7[1]	—	23.2	20.1	21.1
Colorado	—	4.5	6.1	8.1	—	18.9	21.5	23.2
New Mexico	—	3.0	3.1[1]	3.7	—	19.6	18.7	20.3
Arizona	—	8.5	10.7	12.6	—	18.2	16.6	18.2
Utah	—	1.6	1.6[1]	1.7[1]	—	20.4	16.7	20.0
Nevada	—	3.1	3.0[1]	4.3	—	23.7	20.5	19.5
Pacific	—	125.8	156.3	178.6	—	23.8	21.7	21.6
Washington	—	9.0	12.1	12.7[1]	—	19.6	19.0	20.0
Oregon	—	6.6	8.3	9.4	—	16.5	17.0	16.6
California	—	108.0	132.9	152.1	—	24.6	22.2	22.1
Alaska	—	.4[1]	.6	.8	—	20.9	24.7	20.5
Hawaii	—	1.8[1]	2.3	3.6	—	22.4	21.8	21.0

[1] Amounts shown are as reported by the fiscal agents (carriers). These data reflect the incompleteness in the reporting of claims and thus U. S. totals are estimated to be 3 to 5 percent under-reported.

5. Medicare Reimbursements as a Percent of Total Physicians' Charges, by Age, Sex, and Race

1975

The SMI program requires cost-sharing in the form of an annual deductible and coinsurance. Of the $4.9 billion in charges submitted by physicians in 1975 for Aged persons, Medicare reimbursed $2.8 billion. This means that after the customary, prevailing, and reasonable charge determinations, and after the deductible and coinsurance were subtracted, Medicare reimbursed 58.1 percent of total charges. Reimbursements as a percent of total physicians' charges showed very little variation by age group, sex, or race. Medicare's reimbursement rate for Disabled persons was slightly higher than that for the Aged. Of the $447 million in physicians' charges for services to the Disabled in 1975, Medicare reimbursed $266 million or 59.6 percent.

1975-1978

Medicare reimbursements for the Aged rose from $2.8 billion in 1975 to $4.6 billion in 1978. The relationship between reimbursements and physicians' total submitted charges remained about the same throughout the 4-year period. Reimbursements for Disabled persons rose from $266.1 million in 1975 to $557.5 million in 1978. The relationship between reimbursement and physicians' charges varied very little by age, sex, or race. While the rate of reduction in physicians' charges has been rising, the beneficiary's responsibility for the deductible was held fixed. Thus, the fixed liability on the part of the beneficiary for the deductible has offset the increased percent reduction in charges (Tables 4a and 4b).

TABLE 5

Medicare: Reimbursements for Physicians' Services to Aged and Disabled Persons Under the SMI Program and as a Percent of Total Physicians' Charges, by Age, Sex, and Race, U.S., 1975-1978

Age, Sex, and Race	Medicare Reimbursements (in millions)				Reimbursements as a Percent of Total Physicians' Charges			
	1975	1976	1977	1978	1975	1976	1977	1978
Aged								
U.S. Total	$2,847.3	$3,311.0	$3,763.2	$4,597.3	58.1	57.6	58.8	58.8
Age:								
65-69	774.7	991.7	1,069.3	1,181.2	57.9	57.7	58.5	58.5
70-74	762.9	876.0	992.3	1,218.0	58.1	57.4	58.7	58.7
75-79	598.3	675.1	777.3	978.5	58.2	57.8	59.1	59.1
80-84	428.0	466.4	533.4	684.4	58.2	57.6	59.1	59.1
85 and over	283.4	301.7	390.9	535.4	57.7	57.0	59.1	59.1
Sex:								
Men	1,228.1	1,426.6	1,635.8	1,998.2	58.9	58.5	59.8	59.5
Women	1,619.2	1,884.4	2,127.3	2,599.2	57.4	56.9	58.1	58.3
Race:								
White	2,632.8	3,049.3	3,445.7	4,177.6	58.1	57.6	58.9	58.9
All Other	172.6	210.4	232.5	298.4	57.3	56.8	58.0	58.3
Unknown	41.9	51.2	85.0	121.3	58.2	56.9	58.6	58.6
Disabled								
U.S. Total	$ 266.1	$ 367.1	$ 438.3	$ 557.5	59.6	58.7	59.4	59.4
Age:								
Under 25	—	9.5	10.4	12.5	—	60.0	60.9	59.7
25-44	—	65.0	77.6	101.1	—	58.5	59.2	59.0
45-64	—	292.6	350.3	443.9	—	58.8	59.4	59.5
Sex:								
Men	—	206.1	244.0	311.1	—	59.0	59.7	59.7
Women	—	161.0	194.3	246.4	—	58.4	59.2	59.2
Race:								
White	—	311.9	368.7	465.6	—	58.7	59.4	59.5
All Other	—	52.0	64.2	82.8	—	58.9	59.6	59.4
Unknown	—	3.3	5.4	9.1	—	59.7	59.3	58.8
Aged and Disabled								
U.S. Total	$3,113.4	$3,678.1	$4,201.5	$5,154.8	58.2	57.7	58.9	58.9
Sex:								
Men	—	1,632.7	1,879.8	2,309.3	—	58.5	59.7	59.5
Women	—	2,045.4	2,321.6	2,845.6	—	57.0	58.2	58.4
Race:								
White	—	3,361.2	3,814.4	4,643.2	—	57.7	58.9	58.9
All Other	—	262.4	296.7	381.2	—	57.2	58.3	58.5
Unknown	—	54.5	90.4	130.4	—	57.1	58.6	58.6

6a. Medicare Reimbursements as a Percent of Total Physicians' Charges to the Aged, by State

1975

There was very little variation in reimbursement rates for the Aged by census region. The Northeast had the lowest reimbursement rate of 57.2 percent; the highest rate was in the North Central region—58.9 percent. By State, the range in the reimbursement rate was from 54.8 percent in Kentucky to 61.9 percent in Nebraska.

1975-1978

As shown in Table 5, reimbursement rates held relatively constant during the period 1975 through 1978. Not all States followed the national trend. In Nebraska, where Medicare reimbursements were 61.9 percent (the highest rate) of submitted charges in 1975, there was a decrease to 59.7 percent in 1978. A similar pattern occurred in 18 other States.

TABLE 6a
Medicare: Reimbursements for Physicians' Services to Aged Persons and as a Percent of Total Physicians' Charges, by State, 1975-1978

Area of Residence	Medicare Reimbursements (in millions)				Reimbursements as a Percent of Total Physicians' Charges			
	1975	1976	1977	1978	1975	1976	1977	1978
U.S. Total	$2,847.3	$3,311.0	$3,763.2	$4,597.3	58.1	57.6	58.8	58.8
Northeast	793.5	925.8	1,025.1	1,259.3	57.2	57.4	58.3	58.3
New England	170.9	203.0	219.3	279.0	57.4	57.4	59.2	59.0
Maine	13.6	14.2	17.2	20.2	61.8	61.1	61.8	60.5
New Hampshire	8.7	9.6	11.1	12.0	56.9	59.3	60.1	59.4
Vermont	5.6	7.0	5.9[1]	8.1	58.7	59.4	58.7	60.7
Massachusetts	83.0	102.7	102.4[1]	140.9	56.5	56.7	58.3	58.1
Rhode Island	17.0	18.0	23.1	28.5	55.5	53.1	55.8	56.1
Connecticut	43.1	51.4	59.5	69.3	58.6	59.0	61.7	61.5
Middle Atlantic	622.5	722.8	805.8	980.3	57.2	57.4	58.0	58.1
New York	345.4	401.2	424.7[1]	558.4	56.2	56.9	57.5	57.9
New Jersey	112.4	131.6	156.2	185.0	57.7	57.2	58.1	57.7
Pennsylvania	164.7	189.9	224.9	236.9	59.1	58.4	59.1	59.0
North Central	661.0	747.7	879.6	1,077.4	58.9	58.1	58.8	58.5
East North Central	447.5	516.0	616.0	756.0	58.9	57.9	58.6	58.2
Ohio	104.5	121.6	153.6	190.4	58.5	58.0	58.6	58.4
Indiana	51.2	61.2	53.1[1]	79.2	58.7	58.5	59.9	59.1
Illinois	129.3	144.8	163.0	218.5	60.1	57.9	58.7	59.8
Michigan	99.4	118.4	166.7	174.2	57.0	56.9	57.4	55.0
Wisconsin	63.1	70.0	79.6	93.7	60.2	59.3	60.1	59.5
West North Central	213.5	231.7	263.6	321.3	59.1	58.4	59.3	59.3
Minnesota	48.4	58.0	65.4	64.3[1]	60.3	59.8	59.9	60.3
Iowa	33.3	35.7	42.7	56.8	57.3	56.2	57.7	56.7
Missouri	66.3	66.1[1]	71.6[1]	101.1	58.8	58.5	59.6	60.0
North Dakota	7.4	9.4	9.4[1]	14.5	56.2	57.7	58.9	58.6
South Dakota	6.4	9.2	9.9	10.4[1]	56.9	55.9	57.1	58.6
Nebraska	19.9	19.4[1]	22.3[1]	28.7	61.9	59.2	60.9	59.7
Kansas	31.9	33.8	42.3	45.6	59.1	58.6	59.4	59.8
South	799.0	924.6	979.5	1,238.0	57.9	57.6	58.7	58.8
South Atlantic	427.7	488.7	577.5	755.8	58.2	58.2	60.3	60.0
Delaware	4.9[1]	6.6	7.8[1]	11.2	56.1	57.0	56.4	60.0
Maryland	34.6[1]	54.6	65.2	78.6	59.0	59.4	60.5	60.8
Dist. of Columbia	11.2	13.5	13.4[1]	17.4	60.5	59.0	59.4	60.6
Virginia	41.0	51.1	60.1	73.9	58.6	58.3	58.8	59.4
West Virginia	14.8	17.7	20.1	29.9	58.1	57.3	56.5	57.3
North Carolina	45.2	51.2	62.4	76.8	58.7	57.4	58.7	58.6
South Carolina	19.2	24.3	22.6[1]	10.2[1]	57.1	56.3	56.6	59.5
Georgia	45.7	56.2	65.3	79.1	58.3	58.4	58.7	58.9
Florida	211.2	213.4[1]	260.5[1]	378.7	57.9	58.2	62.2	60.7
East South Central	118.8	151.2	167.8	224.4	56.4	56.2	56.9	57.0
Kentucky	23.5	27.7	40.9	53.8	54.8	55.5	58.0	58.2
Tennessee	37.5	49.3	55.3	72.8	55.8	55.3	56.8	56.7
Alabama	33.7	45.0	39.9[1]	61.3	58.1	57.2	56.2	57.5
Mississippi	24.1	29.2	31.8	36.5	56.5	56.7	56.4	54.9
West South Central	252.5	284.6	234.2	257.7	58.2	57.4	56.2	57.0
Arkansas	29.5	33.4	29.1[1]	51.4	58.4	57.4	56.8	59.7
Louisiana	33.7	33.9	28.8[1]	25.4[1]	58.6	56.5	56.8	57.2
Oklahoma	35.4	43.2	47.1	58.0	58.5	57.9	58.0	57.4
Texas	153.9	174.1	129.1[1]	122.9[1]	58.1	57.5	55.4	55.8
West	592.4	711.4	877.1	1,019.5	58.4	57.3	59.7	59.9
Mountain	108.9	132.1	156.9	198.4	58.7	58.4	59.1	60.0
Montana	4.8[1]	9.0	12.6	18.6	57.2	57.8	62.5	62.4
Idaho	7.8	10.5	10.9	13.1	56.5	56.2	57.2	56.5
Wyoming	3.3	3.7	4.4	5.5	58.5	57.9	57.9	57.7
Colorado	27.4	29.8	33.6	45.8	59.2	58.2	58.6	59.7
New Mexico	13.0	13.1	15.2	20.2	60.7	58.2	59.4	59.7
Arizona	36.5	44.2	57.2	68.8	58.8	59.0	59.4	61.0
Utah	8.7[1]	10.3	12.2	13.3	56.4	58.6	60.7	58.7
Nevada	7.3	11.5	10.8[1]	13.1[1]	59.6	59.4	56.4	59.1
Pacific	483.5	579.3	720.2	821.1	58.3	57.0	59.8	59.8
Washington	48.5	53.3	69.9	65.5[1]	58.3	56.3	59.5	58.2
Oregon	31.2	38.6	47.3	49.6	58.1	57.9	59.3	58.9
California	394.9	477.7	588.3	686.7	58.4	57.0	59.9	60.1
Alaska	1.3	.6[1]	2.4	3.6	60.3	54.2	60.8	58.5
Hawaii	7.6	9.2	12.3	15.7	56.7	55.3	59.0	60.3

[1] Amounts shown are as reported by the fiscal agents (carriers). These data reflect the incompleteness in the reporting of claims and thus U. S. totals are estimated to be 3 to 5 percent under-reported.

6b. Medicare Reimbursements as a Percent of Total Physicians' Charges to the Disabled, by State

1975

As noted earlier, Medicare's national and regional reimbursement rates for services to Disabled persons were not very different from those observed for Aged persons. Similar to that for the Aged, in 1975 the reimbursement rate for the Disabled was highest in the North Central region—61.2 percent. The West had the lowest reimbursement rate for the Disabled population—57.9 percent.

1975-1978

No particular trend in reimbursement rates was discernable among the States during the 4-year period. About one-third of the States showed a decrease in the rate of reimbursement in 1978, and two-thirds had an increase.

TABLE 6b
Medicare: Reimbursements for Physicians' Services to Disabled Persons and as a Percent of Total Physicians' Charges, by State, 1975-1978

Area of Residence	Medicare Reimbursements (in millions)				Reimbursements as a Percent of Total Physicians' Charges			
	1975	1976	1977	1978	1975	1976	1977	1978
U.S. Total	$266.1	$367.1	$438.3	$557.5	59.6	58.7	59.4	59.4
Northeast	63.0	83.5	100.9	132.4	59.5	58.1	59.1	58.9
New England	—	16.0	19.4	27.5	—	59.1	61.0	60.0
Maine	—	1.4	1.6	1.9	—	61.5	62.1	61.7
New Hampshire	—	1.0	1.4	2.2	—	61.6	63.2	63.6
Vermont	—	.7	.9	1.1	—	63.8	63.7	62.2
Massachusetts	—	7.6	8.4[1]	12.8	—	58.4	60.2	58.8
Rhode Island	—	1.4	2.0	3.1	—	52.8	55.9	53.6
Connecticut	—	3.9	5.1	6.5	—	60.5	63.3	64.0
Middle Atlantic	—	67.5	81.5	104.9	—	57.9	58.7	58.7
New York	—	32.3	36.6[1]	51.4	—	56.9	57.8	57.8
New Jersey	—	15.1	17.0	23.5	—	58.5	58.7	59.1
Pennsylvania	—	20.0	27.9	29.9	—	59.1	59.8	60.0
North Central	56.1	80.0	98.2	125.4	61.2	59.9	59.4	59.3
East North Central	—	58.4	73.9	93.1	—	59.7	58.9	58.7
Ohio	—	14.9	19.3	24.8	—	61.4	60.2	59.8
Indiana	—	7.1	7.0[1]	10.9	—	61.5	61.0	61.2
Illinois	—	13.2	14.6	21.2	—	58.9	59.9	59.9
Michigan	—	15.9	24.9	28.0	—	57.2	56.0	55.5
Wisconsin	—	7.3	8.2	8.2	—	61.9	61.8	60.3
West North Central	—	21.6	24.3	32.3	—	60.4	61.2	61.0
Minnesota	—	5.7	5.3[1]	6.1[1]	—	60.5	61.5	61.7
Iowa	—	2.8	4.1	5.8	—	57.1	60.1	59.7
Missouri	—	6.9	8.1[1]	11.9	—	60.2	61.2	61.9
North Dakota	—	.7	.8	1.3	—	59.6	59.2	59.8
South Dakota	—	1.2	1.2	.9[1]	—	63.8	65.5	58.7
Nebraska	—	1.6	1.7	2.1	—	64.0	64.8	62.0
Kansas	—	2.8	3.0	4.1	—	60.8	59.7	60.1
South	84.7	116.3	128.3	170.8	59.9	59.4	59.8	60.0
South Atlantic	—	60.3	75.8	102.3	—	59.8	61.0	60.9
Delaware	—	.7	1.0	1.4	—	53.5	61.3	64.7
Maryland	—	6.2	7.9	9.6	—	60.8	62.3	61.9
Dist. of Columbia	—	1.4	1.2[1]	2.1	—	56.1	57.0	57.6
Virginia	—	7.4	9.2	11.6	—	59.9	61.4	60.4
West Virginia	—	3.6	3.7	6.1	—	60.1	60.4	60.5
North Carolina	—	10.0	12.3	17.1	—	60.8	60.6	60.9
South Carolina	—	4.4	4.9[1]	2.8[1]	—	57.5	59.7	64.0
Georgia	—	9.9	13.4	17.5	—	61.1	60.6	60.7
Florida	—	16.7[1]	22.2	34.0	—	59.2	61.5	60.9
East South Central	—	23.5	27.5	39.4	—	58.2	58.9	58.8
Kentucky	—	4.4	4.9	8.4	—	59.2	59.1	59.9
Tennessee	—	7.4	10.4	13.4	—	56.1	58.6	59.1
Alabama	—	7.4	7.0[1]	11.0	—	60.1	60.9	59.8
Mississippi	—	4.2	5.2	6.6	—	57.9	56.5	55.4
West South Central	—	32.5	25.0	29.1	—	59.6	57.4	58.6
Arkansas	—	4.4	3.9[1]	7.2	—	58.9	58.1	60.7
Louisiana	—	4.2	4.2[1]	3.6[1]	—	58.1	56.7	57.7
Oklahoma	—	4.4	5.2	6.7	—	60.1	59.8	59.9
Texas	—	19.4	11.8[1]	11.6[1]	—	60.0	56.5	56.8
West	61.9	86.6	110.5	127.9 22.0	57.9	57.5	59.3	59.4
Mountain	—	15.0	18.2	1.6	—	60.1	61.0	59.9
Montana	—	1.2	1.4	1.9	—	62.2	63.5	63.4
Idaho	—	1.0	1.5	.4[1]	—	56.8	61.8	59.1
Wyoming	—	.4	.5	4.7	—	56.3	59.9	57.8
Colorado	—	2.7	3.6	2.2	—	59.8	58.6	57.7
New Mexico	—	1.8	1.9[1]	7.7	—	60.5	60.8	59.8
Arizona	—	5.2	6.6	.9[1]	—	61.6	62.0	60.8
Utah	—	.9	1.0[1]	2.6	—	58.7	61.7	57.2
Nevada	—	1.8	1.8[1]	105.8	—	58.3	59.9	61.5
Pacific	—	71.6	92.3	7.4[1]	—	57.0	59.0	59.3
Washington	—	5.3[1]	7.3	5.9	—	58.7	60.0	58.6
Oregon	—	4.1	5.1	89.9	—	61.5	62.1	62.5
California	—	61.0	78.1	.5	—	56.5	58.8	59.1
Alaska	—	.2	.4	2.2	—	59.0	57.8	62.1
Hawaii	—	1.0	1.3		—	56.4	57.9	59.7

[1] Amounts shown are as reported by the fiscal agents (carriers). These data reflect the incompleteness in the reporting of claims and thus U. S. totals are estimated to be 3 to 5 percent under-reported.

7. Medicare Reimbursements Per Enrollee by Age, Sex, and Race

1975

As expected, average reimbursements per enrollee were higher for successively older age groups—$105 for the group 65-69 years of age and $159 for the group 85 years of age and over. Reimbursements for men averaged $140 in comparison to $125 for women. Disparities by race in benefits paid for physicians' services were considerable. Aged white persons were reimbursed an average of $135 per enrollee; in comparison Aged persons of all other races were reimbursed $98 per enrollee.[4] Reimbursements per enrollee for Disabled persons were $137—about 5 percent higher than for the Aged.

[4] Medicare data on use of and reimbursement for hospital outpatient services by enrollees of races other than white compensate, in part, for the differences in average reimbursements for physicians' services (Gornick, 1980).

1975-1978

Average reimbursements per Aged enrollee reached $197 by 1978, which was an increase of approximately 50 percent over 1975 or an average annual increase of 15 percent. The disparities observed by race remained about the same through 1978 when reimbursements per enrollee were $201 for white persons and $153 for all other races.

Reimbursements per Disabled enrollee reached $222 in 1978—an increase of 62 percent or an average annual increase of 18 percent. Unlike payments per enrollee for Aged women in 1978, which were substantially lower than for Aged men, payments for Disabled women were considerably higher than for Disabled men. Although differences existed in average reimbursement by race, the differences for the Disabled were not as great as for the Aged.

TABLE 7
Medicare: Reimbursements Per Enrollee for Physicians' Services to Aged and Disabled Persons and Percent Change, by Age, Sex, and Race, U.S., 1975-1978

Age, Sex, and Race	Reimbursement Per Enrollee				Percent Change
	1975	1976	1977	1978	1975-1978
Aged					
U.S. Total	$131	$149	$165	$197	50.4
Age:					
65-69	105	132	140	152	44.8
70-74	132	148	163	195	47.7
75-79	143	161	181	223	55.9
80-84	158	168	188	238	50.6
85 and over	159	162	199	259	62.9
Sex:					
Men	140	159	179	214	52.9
Women	125	141	156	186	48.8
Race:					
White	135	154	170	201	48.9
All other	98	116	124	153	56.1
Disabled					
U.S. Total	$137	$171	$187	$222	62.0
Age:					
Under 25	—	163	159	184	—
25-44	—	145	156	188	—
45-64	—	179	196	233	—
Sex:					
Men	—	154	167	199	—
Women	—	200	219	259	—
Race:					
White	—	176	191	226	—
All other	—	155	171	204	—

8. Medicare Reimbursements Per Enrollee, by State

1975

In 1975 the highest average reimbursements per Aged enrollee were in the West ($170), followed by the Northeast ($146), the South ($117), and the North Central region ($110).

Variations in per enrollee payments were dramatic among the States. The five States with the highest payments for Aged enrollees in 1975 were California ($197), Alaska ($188), and Arizona, New York and the District of Columbia (each at $173). The five States with the lowest payments were Montana and Kentucky (each at $65), West Virginia ($71), South Dakota ($76), and South Carolina ($86).

In 1975 regional variations in average reimbursement per Disabled enrollee were greater than those for the Aged, ranging from $190 in the West to $117 in the South.

1975-1978

During the 1975-1978 period, the five States with the highest average payments per Aged enrollee in 1975 remained highest in 1978. Three of the States with the lowest average payments per enrollee in 1975 remained in this group in 1978—West Virginia, South Dakota, and South Carolina. In 1976, the highest average payments per enrollee for the Disabled were made in Nevada ($350) and the lowest in Kentucky ($92).

TABLE 8
Medicare: Reimbursements Per Enrollee For Physicians' Services to Aged and Disabled Persons and Percent Change, by State, 1975-1978

Area of Residence	Reimbursement Per Aged Person				Percent Change 1975-1978	Reimbursement Per Disabled Person				Percent Change 1975-1978
	1975	1976	1977	1978		1975	1976	1977	1978	
U.S. Total	$131	$149	$165	$197	50.4	$137	$171	$187	$222	62.0
Northeast	146	168	183	221	51.4	149	177	196	240	61.1
New England	127	148	157	196	54.3	—	153	169	227	—
Maine	106	109	130[1]	150	41.5	—	117[1]	121	133	—
New Hampshire	98	106	119[1]	125[1]	27.6	—	157	194	286	—
Vermont	105	131	108[1]	145	38.1	—	150	182	204	—
Massachusetts	127	155	153[1]	207	63.0	—	157	160[1]	230	—
Rhode Island	153	159	200	242	58.2	—	143[1]	184	276	—
Connecticut	137	159	180	205	49.6	—	167[1]	199	238	—
Middle Atlantic	152	174	192	230	51.3	—	184	204	244	—
New York	173	200	209	273	57.8	—	187	194[1]	252	—
New Jersey	150	171	199	231	54.0	—	222	224	289	—
Pennsylvania	123	139	161	167[1]	35.8	—	160	207	208	—
North Central	110	122	142	171	55.5	—	156	176	212	75.2
East North Central	112	127	149	180	60.7	—	158	182	215	—
Ohio	101	115[1]	143	175	73.3	—	143	168	200	—
Indiana	99	116	99[1]	145	46.5	—	150	135[1]	195	—
Illinois	115	126	140	186	61.7	—	150	152	209	—
Michigan	122	143	198	203[1]	66.4	—	173	247	261	—
Wisconsin	124	135	151	174	40.3	—	187	192	184	—
West North Central	106	114	128	154	45.3	—	153	160	202	—
Minnesota	111[1]	131	146	141[1]	27.0	—	202	178[1]	192[1]	—
Iowa	92	98[1]	116	152	65.2	—	120[1]	162	221	—
Missouri	114	111[1]	119[1]	166	45.6	—	134	144[1]	201	—
North Dakota	102[1]	126	123[1]	188	84.3	—	148	164	256	—
South Dakota	76	108	115	119[1]	56.6	—	209	210	153[1]	—
Nebraska	105	101[1]	114[1]	145	38.1	—	145	154	181	—
Kansas	114	120[1]	147[1]	157[1]	37.7	—	166	167	213	—
South	117	131	135	165	41.0	117	146	147	182	55.6
South Atlantic	126	139	158	199	57.9	—	154	175	219	—
Delaware	98[1]	128	148[1]	205	109.2	—	150	188	240	—
Maryland	107[1]	166	193	226	111.2	—	212	247	279	—
Dist. of Columbia	173	210	207[1]	268[1]	54.9	—	204	168	284	—
Virginia	101	122	139	166	64.4	—	147	170	201	—
West Virginia	71	83	93	136	91.5	—	98	96	154	—
North Carolina	94	103	121	143	52.1	—	149	166	214	—
South Carolina	86	105[1]	94[1]	41[1]	– 52.3	—	117	119[1]	63[1]	—
Georgia	110	131	148	173	57.3	—	154	186	225	—
Florida	171	166[1]	193[1]	267	56.1	—	175[1]	206	281	—
East South Central	84	105	114	149	77.4	—	124	134	181	—
Kentucky	65[1]	75[1]	109	141	116.9	—	92	96	154	—
Tennessee	87	111	121	156	79.3	—	130	165	199	—
Alabama	92[1]	119	103[1]	155	68.5	—	149	132[1]	197	—
Mississippi	98	116	124	139	41.8	—	121	137	163	—
West South Central	124	137	110	118	– 4.8	—	151	106	115	—
Arkansas	112	124	105[1]	181	61.6	—	129	103[1]	181	—
Louisiana	106	104	86[1]	74[1]	– 30.2	—	93	84[1]	67[1]	—
Oklahoma	110	132	141	170	54.5	—	140	152	184	—
Texas	137	150	108[1]	100[1]	– 27.0	—	186	103[1]	95[1]	—
West	170	198	236	265	55.9	190	239	277	300	57.9
Mountain	133	155	176	213	60.2	—	190	208	233	—
Montana	65[1]	118	162	234	260.0	—	165	181	199	—
Idaho	100	131	131	153	53.0	—	128	193	229	—
Wyoming	99	110	129	157	58.6	—	158	178	163[1]	—
Colorado	133	141	154	204	53.4	—	162	192	229	—
New Mexico	147	142	158	199	35.4	—	160	150[1]	168	—
Arizona	173	198	239	269	55.5	—	242	270	280	—
Utah	100[1]	116	132	138[1]	38.0	—	133	125[1]	117[1]	—
Nevada	171	252	217[1]	243	42.1	—	350	292[1]	389	—
Pacific	181	211	255	282	55.8	—	252	296	319	—
Washington	137	146	185	168[1]	22.6	—	161	200	193[1]	—
Oregon	125	151	179	182	45.6	—	170	199	216	—
California	197	232	278	316	60.4	—	276	322	348	—
Alaska	188	81[1]	317	439	133.5	—	215[1]	353	441	—
Hawaii	137	157	201	243	77.4	—	188[1]	236	352	—

[1] Amounts shown are as reported by the fiscal agents (carriers). These data reflect the incompleteness in the reporting of claims and thus U. S. totals are estimated to be 3 to 5 percent under-reported.

Part III

Beneficiaries Who Exceeded the Deductible

9a. Aged Persons Who Exceeded the Deductible, by Type of Service and by Age, Sex, and Race

1975

Nearly 11 million or 50 percent of Medicare's Aged persons used enough physicians' services to exceed the deductible and receive benefits (hereafter referred to as users).[5] The proportions that exceeded the deductible were highest for the oldest age group—41 percent of those 65-69 years of age compared to 62 percent of those 85 years of age and over. A greater proportion of Aged women—51 percent—exceeded the deductible than did Aged men—47 percent; and 51 percent of Aged white persons exceeded the deductible compared to 43 percent of Aged persons of all other races. Differences in age composition, geographic area of residence, and the use of hospital outpatient services explain some of the differences by race. (See text footnote 4.).

[5] A survey of Medicare beneficiaries in 1975 (the Current Medicare Survey, in effect from 1966-1977) found that over 80 percent of the aged enrollees used some Medicare-covered physicians' services. Thus, an estimated 30 percent of beneficiaries used physicians' services in 1975 but did not exceed the deductible and receive benefits.

Of those persons exceeding the deductible and receiving reimbursements, 46 percent used medical care services (see Definitions), 31 percent used diagnostic laboratory services, and 24 percent used diagnostic X-ray services. Inpatient surgery services were used by 10 percent of the Aged.

1975-1978

There were small increases each year in the percent of users who exceeded the deductible, reaching 56 percent in 1978. This increase very likely reflects primarily an increase in health care prices. The patterns described above by age, sex, and race remained generally unchanged. Use of inpatient surgery services showed the greatest change during the 4-year period, with 12 percent of the enrollees having surgery in 1978—a 20 percent increase over 1975.

TABLE 9a

Medicare: Number and Percent of Aged Persons Who Used Physicians' Services and Exceeded the Deductible and Received Reimbursements, by Type of Service and Age, Sex, and Race, U.S., 1975-1978

Age, Sex, and Race	Persons Served		Percent of Enrollees Using Specific Service									
	Number	As Percent of Total Enrollees	Medical Care	Inpatient Surgery	Other Surgery	Consultation	Diagnostic X-ray	Diagnostic Laboratory	Radiation Therapy	Anesthesia	Assistance at Surgery	Other
1975												
U.S. Total	10,821,900	50	46	10	14	9	24	31	1	5	2	9
Age:												
65-69	3,027,800	41	38	9	12	7	21	26	1	5	2	5
70-74	2,892,600	50	47	10	14	9	25	32	1	6	2	8
75-79	2,237,500	54	50	11	15	10	26	33	1	6	2	11
80-84	1,560,800	58	54	12	15	11	26	34	1	6	2	14
85 and over	1,103,200	62	58	12	14	11	25	33	1	6	2	19
Sex:												
Men	4,157,000	47	44	11	13	10	23	29	1	6	2	9
Women	6,664,900	51	48	9	14	8	25	32	1	5	2	10
Race:												
White	9,889,900	51	47	11	14	9	25	31	1	6	2	10
Other races	748,400	43	39	7	7	6	19	25	1	3	1	7
Unknown	183,600	31	28	5	7	5	13	17	—	3	1	6
1976												
U.S. Total	11,574,700	52	49	10	14	9	26	32	1	6	2	10
Age:												
65-69	3,542,500	47	44	10	13	8	24	30	1	5	2	6
70-74	3,044,200	51	49	11	15	9	26	33	1	6	2	9
75-79	2,322,200	55	52	11	15	10	27	34	1	6	2	11
80-84	1,583,400	57	54	12	15	11	26	34	1	6	2	14
85 and over	1,082,400	58	55	11	13	10	25	31	1	6	2	18
Sex:												
Men	4,424,300	49	46	12	13	10	25	30	1	7	2	9
Women	7,150,400	54	51	10	15	8	26	33	1	5	2	10
Race:												
White	10,530,900	53	50	11	15	9	27	33	1	6	2	10
Other races	816,600	45	42	8	7	7	20	27	1	4	1	7
Unknown	22,720	38	34	6	8	5	15	21	1	3	1	7
1977												
U.S. Total	12,048,500	53	48	13	15	9	24	31	4	7	2	10
Age:												
65-69	3,624,800	47	42	12	13	7	23	29	4	7	2	6
70-74	3,169,100	52	47	13	15	9	25	32	4	7	2	8
75-79	2,409,400	56	51	15	16	10	26	33	4	8	2	11
80-84	1,638,200	58	52	14	16	11	26	33	4	8	2	14
85 and over	1,207,000	61	56	14	16	12	25	32	4	8	2	20
Sex:												
Men	4,617,600	50	45	15	14	10	24	29	4	8	2	9
Women	7,430,900	54	49	12	15	9	25	32	4	7	2	10
Race:												
White	10,914,700	54	48	14	15	9	25	32	4	8	2	10
Other races	831,300	44	40	8	8	7	20	26	2	4	1	7
Unknown	302,500	49	44	10	12	8	20	29	2	5	2	8
1978												
U.S. Total	13,063,500	56	52	12	16	10	28	35	3	7	2	11
Age:												
65-69	3,554,400	46	42	9	13	7	23	29	2	6	2	6
70-74	3,485,800	56	53	12	16	10	28	36	3	7	2	9
75-79	2,696,400	61	58	13	18	11	31	40	3	8	2	12
80-84	1,869,800	65	61	14	18	12	31	39	3	8	2	16
85 and over	1,457,100	71	66	14	19	14	31	40	3	8	3	22
Sex:												
Men	5,010,500	54	50	13	15	11	27	34	3	8	2	10
Women	8,053,000	58	54	11	17	9	28	36	3	6	2	11
Race:												
White	11,803,600	57	53	12	17	10	28	36	3	7	2	11
Other races	909,200	47	43	8	8	8	22	28	1	4	1	8
Unknown	350,700	55	51	11	15	10	27	35	1	6	2	10

9b. Disabled Persons Who Exceeded the Deductible, by Type of Service and by Age, Sex, and Race

1975

About 750,000 or 39 percent of Disabled persons exceeded the deductible in 1975 compared to 50 percent for Aged persons that year. Similar to the findings for the Aged, medical care, diagnostic laboratory, and diagnostic X-ray services were used most frequently by the Disabled.

1975-1978

The trends in use were also similar to that for the Aged. The percentage of Disabled enrollees who met the deductible rose each year, reaching 50 percent in 1978; greater proportions of Disabled persons in the older age groups exceeded the deductible; a higher percentage of Disabled women exceeded the deductible than did Disabled men; and a higher percentage of white persons than persons of all other races exceeded the deductible. Use of other surgery services (other than inpatient hospital) showed the greatest change during the period, rising from 8 percent of the enrollees served in 1975 to 11 percent in 1978.

TABLE 9b

Medicare: Number and Percent of Disabled Persons Who Used Physicians' Services and Exceeded the Deductible and Received Reimbursements, by Type of Service and Age, Sex, and Race, U.S., 1975-1978

Age, Sex, and Race	Persons Served		Percent of Enrollees Using Specific Service									
	Number	As Percent of Total Enrollees	Medical Care	Inpatient Surgery	Other Surgery	Consultation	Diagnostic X-ray	Diagnostic Laboratory	Radiation Therapy	Anesthesia	Assistance at Surgery	Other
1975												
U.S. Total	750,100	39	35	9	8	8	18	21	1	5	2	8
Age:												
Under 25	—	—	—	—	—	—	—	—	—	—	—	—
25-44	—	—	—	—	—	—	—	—	—	—	—	—
45-64	—	—	—	—	—	—	—	—	—	—	—	—
Sex:												
Men	—	—	—	—	—	—	—	—	—	—	—	—
Women	—	—	—	—	—	—	—	—	—	—	—	—
Race:												
White	—	—	—	—	—	—	—	—	—	—	—	—
Other races	—	—	—	—	—	—	—	—	—	—	—	—
Unknown	—	—	—	—	—	—	—	—	—	—	—	—
1976												
U.S. Total	986,860	46	43	10	10	9	22	26	1	5	2	9
Age:												
Under 25	16,740	29	25	6	4	5	12	11	1	4	1	5
25-44	160,320	36	32	8	7	7	16	17	1	4	1	7
45-64	809,800	49	46	11	11	10	25	29	1	6	2	9
Sex:												
Men	552,260	41	38	9	8	8	20	22	1	5	1	8
Women	434,600	54	50	12	13	11	27	32	1	7	2	10
Race:												
White	842,840	48	44	11	11	10	23	27	1	6	2	9
Other races	134,400	40	36	8	6	7	19	21	1	4	1	6
Unknown	9,620	29	25	4	4	4	10	13	1	3	1	4
1977												
U.S. Total	1,090,820	46	41	11	11	9	22	25	3	6	2	9
Age:												
Under 25	19,220	29	25	7	6	5	12	12	1	4	1	5
25-44	179,900	36	32	8	8	7	16	16	2	5	1	7
45-64	891,700	50	45	13	12	10	24	28	3	7	2	9
Sex:												
Men	611,420	42	37	10	9	8	19	21	3	6	1	8
Women	479,400	54	49	14	14	11	26	31	4	8	2	10
Race:												
White	923,840	48	43	12	12	9	22	26	3	7	2	9
Other races	152,040	41	35	8	8	7	18	21	2	5	1	7
Unknown	14,940	38	35	7	7	7	16	21	1	4	1	7
1978												
U.S. Total	1,251,780	50	46	11	11	10	24	28	2	6	2	10
Age:												
Under 25	19,520	29	25	6	4	6	12	11	1	4	1	5
25-44	210,360	39	35	8	8	7	17	18	1	5	1	7
45-64	1,021,900	54	50	12	12	11	27	32	2	7	2	10
Sex:												
Men	699,780	45	41	10	9	9	21	24	2	6	1	9
Women	552,000	58	54	12	15	12	29	35	2	7	2	11
Race:												
White	1,056,320	51	47	11	12	10	25	29	2	7	2	10
Other races	175,020	43	39	8	7	8	21	23	1	4	1	7
Unknown	20,440	47	44	10	10	9	23	29	1	5	2	9

10a. Aged Persons Who Exceeded the Deductible, by State

1975

Among the census regions, the percentage of Aged persons for whom reimbursements were made ranged from a low of 45 percent in the North Central region to a high of 57 percent in the West. The variation by State was much greater. Rhode Island had the highest percentage of reimbursed users—64 percent, and Kentucky had the lowest—35 percent.

1975-1978

The North Central and the South had the lowest percentages exceeding the deductible in 1978—each with 53 percent, and the West had the highest—63 percent. At the State level, Rhode Island continued to have the highest percentage of persons exceeding the deductible—74 percent in 1978. Several States showed a decline in the percent of persons exceeding the deductible during the period 1975-1978 (Minnesota, South Carolina, Louisiana, Texas, Wyoming, and Arizona). This may be due, in part, to problems associated with the reporting of the data by the carriers.

TABLE 10a
Medicare: Number and Percent of Aged Persons Who Used Physicians' Services and Exceeded the Deductible and Received Reimbursements, by State, 1975-1978

Area of Residence	Persons Served							
	1975		1976		1977		1978	
	Number	As Percent of Total Enrollees	Number	As Percent of Total Enrollees	Number	As Percent of Total Enrollees	Number	As Percent of Total Enrollees
U.S. Total	10,821,900	50	11,574,700	52	12,048,500	53	13,063,500	56
Northeast	2,827,800	52	3,033,400	55	3,126,600	56	3,348,300	59
New England	697,400	52	762,800	56	775,700	55	867,200	61
Maine	58,700	46	62,600	48	65,300	49[1]	75,200	56
New Hampshire	43,100	49	45,800	50	48,500	52[1]	52,700	55[1]
Vermont	28,900	55	31,800	59	31,400[1]	57	33,600	60
Massachusetts	334,500	51	364,700	55	362,600[1]	54[1]	411,400	60
Rhode Island	71,800	64	77,600	68	83,300	72	87,200	74
Connecticut	160,400	51	180,300	56	184,600	56	207,100	61
Middle Atlantic	2,130,400	52	2,270,600	55	2,350,900	56	2,481,100	58
New York	1,062,600	53	1,131,800	56	1,149,000	57	1,232,600	60
New Jersey	413,800	55	434,400	57	458,500	58	500,200	62
Pennsylvania	654,000	49	704,400	51	743,400	53	748,300	53[1]
North Central	2,713,500	45	2,888,200	47	3,045,200	49	3,342,600	53
East North Central	1,805,600	45	1,916,000	47	2,024,700	49	2,249,700	54
Ohio	467,800	45	504,900	48	535,600	50	604,600	56
Indiana	237,900	46	229,400[1]	43[1]	237,300[1]	44[1]	288,000	53
Illinois	467,500	41	505,800	44	507,900	44	574,400	49
Michigan	397,400	49	421,500	51	478,600	57	498,300	58[1]
Wisconsin	235,000	46	254,400	49	265,300	50	284,400	53
West North Central	907,900	45	972,200	48	1,020,500	49	1,092,900	52
Minnesota	205,000	47	224,300	51	240,300	53	220,000[1]	48[1]
Iowa	164,100	46	166,200	46	177,700	48	193,700	52
Missouri	259,900	45	271,700	46	272,200	45[1]	318,600	52
North Dakota	40,000	55	41,600	56	44,900	59	49,100	64
South Dakota	32,100	38	38,400	45	41,800	49	42,900	49[1]
Nebraska	75,300	40	80,400	42	89,000	46	100,400	51
Kansas	131,500	47[1]	149,600	53	154,600	54	168,200	58[1]
South	3,278,400	48	3,533,800	50	3,596,900	50	3,957,600	53
South Atlantic	1,664,300	49	1,796,400	51	1,927,100	53	2,168,100	57
Delaware	25,700	52	27,600	54	30,500	58	32,700	60
Maryland	135,200	42[1]	178,600	54	187,500	55	198,200	57
Dist. of Columbia	31,700	49[1]	35,200	55	37,400	58	40,200	62
Virginia	177,000	44	203,100	48	212,700	49	238,000	53
West Virginia	79,300	38	89,400	42	93,900	43	118,100	54
North Carolina	221,200	46	234,200	47	247,600	48	280,700	52
South Caroline	98,700	44	110,000	47	100,800	42	77,500[1]	31[1]
Georgia	196,400	47	216,100	50	223,800	51	253,000	55
Florida	699,100	57	702,200	55[1]	792,900	59[1]	929,700	65
East South Central	585,800	42	666,200	46	678,600	46	758,900	50
Kentucky	127,700	35	151,000	41	158,200	42	172,900	45
Tennessee	183,400	42	204,800	46	218,500	48	243,900	52
Alabama	158,500	43	183,400	49	172,100[1]	45[1]	207,300	52[1]
Mississippi	116,200	47	127,000	50	129,800	51	134,800	51
West South Central	1,028,300	51	1,071,200	51	991,200	46	1,030,600	47
Arkensas	131,700	50	139,600	52	130,900[1]	47[1]	157,200	55
Louisiana	142,500	45	143,800	44	125,600[1]	38[1]	121,900[1]	36[1]
Oklehoma	154,300	48	159,800	49	170,600	51	187,300	55
Texas	599,800	53	628,000	54	564,100[1]	47[1]	564,200[1]	46[1]
West	1,996,400	57	2,112,300	59	2,273,100	61	2,405,000	63
Mountain	412,600	50	443,700	52	495,600	56	547,300	59
Montane	32,500	44	39,300	52	42,000	54	46,400	58
Ideho	36,300	47	40,400	51	44,400	54	49,200	57
Wyoming	12,700	38[1]	13,700	41[1]	15,700	46	15,600[1]	45[1]
Colorado	109,800	53	115,100	54	123,900	57	136,700	61
New Mexico	45,200	51	44,600[1]	49[1]	51,200	53	60,300	60
Arizona	114,100	54	122,100	55	143,900	60	158,200	62
Utah	39,100	45	43,200	48	45,900	49	47,800	50[1]
Neveda	22,900	54	25,300	55	28,600	58	33,100	61
Pacific	1,583,800	59	1,668,600	61	1,777,500	63	1,857,700	64
Washington	197,700	56	209,500	57	219,800	58	229,500	59
Oregon	126,100	51	135,300	53	151,700	57	159,900	59
California	1,223,600	61	1,286,200	63	1,363,800	64	1,421,600	65
Alaska	4,200	61	2,900[1]	40[1]	4,700	62	4,600[1]	57[1]
Hawaii	32,200	58	34,700	59	37,500	61	42,100	65

[1] These deta reflect the incompleteness in the reporting of cleims.

10b. Disabled Persons Who Exceeded the Deductible, by State

1975

The proportion of Disabled persons who exceeded the deductible and received reimbursements in 1975 was 37 percent in the Northeast, North Central, and the South; in the West the proportion of reimbursed users was considerably higher—47 percent.

1975-1978

The percentage of Disabled persons meeting the deductible and receiving reimbursements rose in each of the Regions during the period 1975 through 1978 and by 1978 ranged from 45 percent in the South to 58 percent in the West. By State, the percentage of users in 1978 ranged from 26 percent in Louisiana to 64 percent in Hawaii. Although a majority of the States showed an increase in the percentage of Disabled persons exceeding the deductible, several States—Louisiana, Texas, Minnesota, North Dakota, South Dakota, Wyoming, and South Carolina, had a decrease. As noted in the discussion of the previous table, this may be due, in part, to problems associated in the reporting of the data by the carriers.

TABLE 10b

Medicare: Number and Percent of Disabled Persons Who Used Physicians' Services and Exceeded the Deductible and Received Reimbursements, by State, 1975-1978

Area of Residence	Persons Served							
	1975		1976		1977		1978	
	Number	As Percent of Total Enrollees	Number	As Percent of Total Enrollees	Number	As Percent of Total Enrollees	Number	As Percent of Total Enrollees
U.S. Total	750,100	39	986,860	46	1,090,820	46	1,251,780	50
Northeast	158,300	37	211,980	45	238,740	46	276,740	50
New England	—	—	47,460	45	53,700	47	64,220	53
Maine	—	—	5,240	44	6,040	46[1]	6,820	49
New Hampshire	—	—	3,160	49	3,700	53	4,560	60[1]
Vermont	—	—	2,180	48	2,600	51	3,280	60[1]
Massachusetts	—	—	21,720	45	24,420	46	30,020	54
Rhode Island	—	—	4,480	45[1]	5,560	52[1]	6,540	58
Connecticut	—	—	10,680	45	11,380	44[1]	13,000	48[1]
Middle Atlantic	—	—	164,520	45	185,040	46	212,520	49
New York	—	—	76,880	44[1]	84,580	45[1]	100,840	49[1]
New Jersey	—	—	34,200	50	38,880	51	45,500	56
Pennsylvania	—	—	53,440	43	61,580	46	66,180	46
North Central	171,800	37	227,960	45	257,840	46	299,740	51
East North Central	—	—	165,340	45	189,720	47	222,740	51
Ohio	—	—	45,960	44	53,260	46	62,420	50
Indiana	—	—	18,900	40	21,440	41[1]	26,440	47
Illinois	—	—	35,180	40	38,640	40[1]	47,180	46
Michigan	—	—	45,440	49	54,620	54	62,040	58
Wisconsin	—	—	19,860	50	21,760	51	24,660	55
West North Central	—	—	62,620	44	68,120	45	77,000	48
Minnesota	—	—	14,040	50	15,000	50	15,320	48
Iowa	—	—	10,360	44	11,440	45	13,460	51
Missouri	—	—	21,580	42	23,620	42	28,460	48
North Dakota	—	—	2,540	53	2,700	54	2,700	53
South Dakota	—	—	2,260	41	2,480	42	2,480	41
Nebraska	—	—	4,340	40	5,000	44	5,640	48
Kansas	—	—	7,500	44[1]	7,880	44[1]	8,940	47[1]
South	264,800	37	344,720	43	366,760	42	425,420	45
South Atlantic	—	—	174,160	44	199,780	46	232,120	50
Delaware	—	—	2,120	43	2,500	46	2,920	50
Maryland	—	—	13,760	47	15,820	49	18,040	52
Dist. of Columbia	—	—	2,340	35[1]	2,660	38[1]	3,040	41
Virginia	—	—	21,440	43	23,980	44	27,960	48
West Virginia	—	—	11,940	32	13,560	35	17,660	44
North Carolina	—	—	31,140	46	33,960	46	40,180	50
South Carolina	—	—	16,120	43	15,080[1]	37[1]	13,080[1]	30[1]
Georgia	—	—	30,480	47	36,060	50	41,040	53
Florida	—	—	44,820	47[1]	56,160	52[1]	68,200	56
East South Central	—	—	78,740	42	81,820	40	100,620	46
Kentucky	—	—	15,820	33	16,360	32	21,260	39
Tennessee	—	—	26,420	46	28,900	46	34,500	51
Alabama	—	—	21,880	44	20,180[1]	38[1]	26,440	47[1]
Mississippi	—	—	14,620	42	16,380	43	18,420	45
West South Central	—	—	91,820	43	85,160	36	92,680	37
Arkansas	—	—	15,700	46	15,180[1]	41[1]	18,740	47
Louisiana	—	—	13,860	30	12,920[1]	26[1]	13,680[1]	26[1]
Oklahoma	—	—	13,380	42	14,860	43	16,020	44
Texas	—	—	48,880	47	42,200[1]	37[1]	44,240[1]	36[1]
West	154,200	47	200,140	55	226,100	57	247,980	58
Mountain	—	—	37,220	47	41,680	48	49,000	52
Montana	—	—	3,220	45	3,620	48	3,900	49
Idaho	—	—	3,820	51	4,300	54	4,640	56
Wyoming	—	—	1,240	53[1]	1,360	54[1]	1,340[1]	52[1]
Colorado	—	—	8,040	48	9,440	51	11,260	55
New Mexico	—	—	4,720	42	4,960	40[1]	5,440	41
Arizona	—	—	10,220	47	11,420	46[1]	14,320	52
Utah	—	—	3,100	44	3,140[1]	41[1]	4,080	50
Nevada	—	—	2,860	55	3,440	56	4,020	59
Pacific	—	—	162,920	57	184,420	59	198,980	60
Washington	—	—	16,700	51	19,600	54	21,580	56
Oregon	—	—	11,120	46	12,040	47	12,860	48[1]
California	—	—	131,620	60	148,940	61	160,060	62
Alaska	—	—	420	42	460	44	520	47
Hawaii	—	—	3,060	58	3,380	59	3,960	64[1]

[1] These data reflect the incompleteness in the reporting of claims.

11a. Distribution of Aged Users by Specified Amounts of Reimbursements and by Age, Sex, and Race

1975

Nearly 60 percent of the Aged enrollees who exceeded the deductible received less than $150 in reimbursements for physicians' services; half of these persons received less than $50. Of the remaining users, about 26 percent received reimbursements of between $150 and $499 for physicians' services, and 15 percent received $500 or more. There was very little difference by age, sex, and race in the percentage of enrollees receiving reimbursements of specified amounts.

1975-1978

Each year from 1975 to 1978, the proportion of users receiving reimbursements for physicians' services of less than $150 declined—dropping to 53 percent in 1978. The proportion of users receiving reimbursements of $150 to $499 increased slightly to 27 percent, and those persons receiving $500 or more rose to 20 percent, reflecting the continued rising costs of health care services.

TABLE 11a

Medicare: Number of Aged Persons Who Used Physicians' Services and Exceeded the Deductible, and Percent Distribution by Specified Amounts of Reimbursements, by Age, Sex, and Race, U.S., 1975-1978

Age, Sex, and Race	Persons Served		Percent Distribution of Users by Specified Reimbursement Amounts											
	Number	Percent	$1-49	$50-99	$100-149	$150-199	$200-249	$250-299	$300-349	$350-399	$400-499	$500-699	$700-999	$1000+
1975														
U.S. Total	10,821,900	100.0	29.4	18.0	11.2	7.3	5.2	3.9	3.1	2.5	4.0	5.5	4.4	5.5
Age:														
65-69	3,027,800	100.0	31.5	18.3	11.2	7.1	5.1	3.6	2.7	2.5	3.6	5.1	4.0	5.4
70-74	2,892,600	100.0	29.6	18.4	10.8	7.3	4.9	3.9	3.2	2.5	3.6	5.4	4.2	5.7
75-79	2,237,500	100.0	28.5	17.6	11.5	7.3	5.2	4.0	3.3	2.5	4.3	5.5	4.5	5.7
80-84	1,560,800	100.0	27.5	17.2	11.2	7.4	5.6	4.3	3.0	2.6	4.3	6.1	4.9	5.7
85 and over	1,103,200	100.0	27.3	17.6	11.5	7.9	5.4	4.3	3.7	2.5	4.0	5.8	5.1	4.8
Sex:														
Men	4,157,000	100.0	28.4	17.1	10.5	7.0	5.2	3.9	3.1	2.7	4.3	6.1	4.9	6.9
Women	6,664,900	100.0	30.0	18.5	11.6	7.5	5.2	4.0	3.1	2.4	3.8	5.1	4.1	4.7
Race:														
White	9,889,900	100.0	29.0	17.9	11.2	7.3	5.2	4.0	3.1	2.6	4.1	5.6	4.4	5.6
Other races	748,400	100.0	32.9	19.0	10.4	7.2	5.2	3.6	2.7	2.3	3.6	4.8	4.2	4.1
Unknown	183,600	100.0	35.2	17.3	12.4	6.4	4.1	3.1	3.3	1.6	3.4	4.5	4.2	4.5
1976														
U.S. Total	11,574,700	100.0	28.2	17.6	11.0	7.4	5.3	3.9	3.1	2.6	4.0	5.6	4.8	6.4
Age:														
65-69	3,542,500	100.0	30.5	18.2	10.8	7.2	4.9	3.5	2.9	2.4	3.7	5.3	4.3	6.3
70-74	3,044,200	100.0	28.3	18.0	11.0	7.2	5.3	3.9	3.0	2.4	4.0	5.6	4.8	6.6
75-79	2,322,200	100.0	27.1	17.3	11.5	7.5	5.3	3.9	3.0	2.7	4.1	5.7	5.0	6.7
80-84	1,583,400	100.0	26.1	16.6	10.9	7.6	5.8	4.2	3.3	2.7	4.2	6.2	5.5	6.6
85 and over	1,082,400	100.0	26.2	16.9	10.7	8.5	5.7	4.2	3.7	3.0	4.6	5.7	5.0	5.8
Sex:														
Men	4,424,300	100.0	27.2	16.6	10.5	7.3	5.1	3.8	3.1	2.5	4.3	6.2	5.6	7.9
Women	7,150,400	100.0	28.9	18.3	11.4	7.5	5.4	3.9	3.1	2.6	3.9	5.3	4.4	5.5
Race:														
White	10,530,900	100.0	27.7	17.7	11.0	7.5	5.3	3.9	3.1	2.6	4.0	5.7	4.9	6.5
Other races	816,600	100.0	32.7	16.4	11.2	6.9	5.1	3.6	2.9	2.2	3.8	5.2	4.3	5.6
Unknown	227,200	100.0	36.4	18.4	10.1	6.3	4.3	3.3	3.2	2.4	3.5	4.4	3.3	4.4
1977														
U.S. Total	12,048,500	100.0	26.8	17.5	11.0	7.4	5.4	4.0	3.2	2.5	4.0	5.5	5.0	7.6
Age:														
65-69	3,624,800	100.0	29.5	18.3	11.2	7.1	5.1	3.7	2.8	2.3	3.5	5.0	4.5	7.0
70-74	3,169,100	100.0	27.0	17.8	10.9	7.7	5.5	3.8	3.1	2.4	4.0	5.3	4.7	7.8
75-79	2,409,400	100.0	25.5	17.3	11.2	7.2	5.5	3.9	3.3	2.6	4.2	5.8	5.4	8.1
80-84	1,638,200	100.0	24.4	16.6	11.0	7.2	5.8	4.5	3.7	2.9	4.5	5.9	5.6	8.0
85 and over	1,207,000	100.0	23.7	16.3	10.6	7.8	5.8	4.9	3.5	3.0	4.2	6.4	6.1	7.7
Sex:														
Men	4,617,600	100.0	25.6	16.6	10.4	7.1	5.3	4.0	3.3	2.6	4.1	5.8	5.8	9.4
Women	7,430,900	100.0	27.5	18.1	11.4	7.6	5.5	3.9	3.1	2.5	3.9	5.3	4.6	6.5
Race:														
White	10,914,700	100.0	26.3	17.5	11.1	7.4	5.5	4.0	3.2	2.6	4.0	5.6	5.1	7.7
Other races	831,300	100.0	31.5	16.5	10.4	7.2	5.3	4.0	3.0	2.4	3.8	5.0	4.3	6.6
Unknown	302,500	100.0	30.1	19.8	10.8	6.8	5.0	3.4	2.7	1.6	3.6	4.7	4.7	6.7
1978														
U.S. Total	13,063,500	100.0	25.3	16.8	10.8	7.5	5.4	4.3	3.3	2.6	4.1	5.6	5.3	9.0
Age:														
65-69	3,554,400	100.0	27.9	17.8	10.8	7.3	5.2	4.0	3.0	2.3	3.6	5.1	4.6	8.3
70-74	3,485,800	100.0	25.8	17.1	11.0	7.3	5.2	4.1	3.3	2.5	4.2	5.5	5.1	8.9
75-79	2,696,400	100.0	24.1	16.7	10.8	7.6	5.6	4.3	3.3	2.6	4.0	5.9	5.7	9.5
80-84	1,869,800	100.0	23.1	15.7	10.4	7.7	5.7	4.5	3.7	3.0	4.6	6.1	6.0	9.5
85 and over	1,457,100	100.0	22.3	15.2	10.8	7.5	6.1	4.6	3.9	2.7	4.7	6.4	6.0	9.9
Sex:														
Men	5,010,500	100.0	24.4	16.0	10.2	7.0	5.3	4.1	3.3	2.6	4.1	6.0	6.0	10.8
Women	8,053,000	100.0	25.8	17.3	11.1	7.7	5.5	4.3	3.4	2.5	4.1	5.4	4.8	7.9
Race:														
White	11,803,600	100.0	25.0	16.9	10.8	7.5	5.4	4.3	3.4	2.6	4.1	5.7	5.3	9.1
Other races	909,200	100.0	29.0	15.6	10.4	7.3	5.3	4.3	3.0	2.4	4.1	5.3	5.2	8.2
Unknown	350,700	100.0	25.1	17.9	10.7	6.7	5.9	4.2	3.0	2.5	3.7	5.4	5.6	9.4

11b. Distribution of Disabled Users by Specified Amounts of Reimbursements and by Age, Sex, and Race

1975

Reimbursements for Disabled users showed a slightly different pattern than that of the Aged. A smaller percentage of Disabled users received benefits of less than $150 (54 percent) than did Aged users (59 percent). A larger percentage of Disabled persons (47 percent) received benefits in amounts of $150 or more than did Aged persons (44 percent).

1975-1978

Similar to the Aged, the proportion of Disabled users receiving less than $150 showed a decline through 1978, dropping from 54 percent to 50 percent, and the proportion of enrollees receiving higher reimbursements increased during the period.

TABLE 11b

Medicare: Number of Disabled Persons Who Used Physicians' Services and Exceeded the Deductible, and Percent Distribution by Specified Amounts of Reimbursements, by Age, Sex, and Race, U.S., 1975-1978

Age, Sex, and Race	Persons Served		Percent Distribution of Users by Specified Reimbursement Amounts											
	Number	Percent	$1-49	$50-99	$100-149	$150-199	$200-249	$250-299	$300-349	$350-399	$400-499	$500-699	$700-999	$1000+
1975														
U.S. Total	750,100	100.0	28.5	15.0	10.0	7.3	5.4	4.3	3.5	2.9	4.1	5.4	4.7	8.9
Age:														
Under 25	—	—	—	—	—	—	—	—	—	—	—	—	—	—
25-44	—	—	—	—	—	—	—	—	—	—	—	—	—	—
45-64	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Sex:														
Men	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Women	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Race:														
White	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Other races	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Unknown	—	—	—	—	—	—	—	—	—	—	—	—	—	—
1976														
U.S. Total	986,860	100.0	26.9	15.7	10.4	7.2	5.4	4.2	3.4	2.7	4.4	5.8	5.0	9.0
Age:														
Under 25	16,740	100.0	31.4	16.0	7.6	6.2	5.6	2.6	2.0	2.4	3.2	5.1	3.0	14.7
25-44	160,320	100.0	29.5	14.9	9.6	7.0	5.4	4.1	3.2	2.6	3.9	5.4	4.7	9.8
45-64	809,800	100.0	26.3	15.8	10.6	7.2	5.4	4.2	3.4	2.8	4.5	5.9	5.1	8.7
Sex:														
Men	552,260	100.0	28.0	15.7	10.3	7.1	5.3	4.1	3.3	2.5	4.2	5.6	4.8	9.0
Women	434,600	100.0	25.4	15.7	10.5	7.3	5.6	4.2	3.4	3.0	4.6	6.1	5.3	9.0
Race:														
White	842,840	100.0	26.2	15.7	10.4	7.3	5.5	4.2	3.4	2.8	4.4	5.9	5.2	9.0
Other races	134,400	100.0	30.1	15.7	10.0	6.3	5.1	3.9	3.0	2.6	4.0	5.8	4.3	9.2
Unknown	9,620	100.0	41.0	15.8	9.4	6.0	2.7	4.2	2.9	1.5	1.9	3.7	3.1	7.9
1977														
U.S. Total	1,090,820	100.0	25.5	15.4	10.2	7.1	5.5	4.3	3.5	2.9	4.4	6.0	5.1	10.2
Age:														
Under 25	19,220	100.0	31.0	13.9	9.0	5.8	3.9	3.6	2.7	3.4	3.6	5.3	4.5	13.2
25-44	179,900	100.0	28.2	14.7	9.2	6.6	5.8	4.1	3.5	2.6	4.5	5.5	4.6	10.8
45-64	891,700	100.0	24.8	15.6	10.4	7.3	5.5	4.3	3.5	2.9	4.4	6.1	5.2	10.0
Sex:														
Men	611,420	100.0	26.8	15.5	10.1	7.1	5.4	4.2	3.3	2.7	4.3	6.0	4.7	10.0
Women	479,400	100.0	23.7	15.4	10.3	7.2	5.7	4.4	3.8	3.0	4.6	6.0	5.5	10.4
Race:														
White	923,840	100.0	24.9	15.4	10.3	7.2	5.5	4.4	3.6	2.9	4.5	6.1	5.1	10.1
Other races	152,040	100.0	28.4	15.3	9.5	6.6	5.5	3.9	3.0	2.7	4.2	5.5	5.0	10.4
Unknown	14,940	100.0	31.2	17.9	7.4	7.8	5.2	3.9	3.7	2.4	3.5	2.8	5.0	9.2
1978														
U.S. Total	1,251,780	100.0	24.7	14.9	10.1	7.1	5.6	4.3	3.3	2.9	4.4	5.9	5.4	11.4
Age:														
Under 25	19,520	100.0	30.7	13.8	7.0	5.6	4.2	3.9	2.3	2.6	3.0	5.2	5.2	16.5
25-44	210,360	100.0	27.6	13.4	9.9	6.9	5.5	4.3	3.1	2.7	4.5	5.6	5.0	11.5
45-64	1,021,900	100.0	23.9	15.2	10.2	7.2	5.6	4.3	3.4	2.9	4.4	6.0	5.5	11.3
Sex:														
Men	699,780	100.0	26.0	15.0	10.1	7.0	5.3	4.2	3.2	2.7	4.2	5.8	5.3	11.3
Women	552,000	100.0	22.9	14.8	10.2	7.2	5.9	4.4	3.5	3.1	4.7	6.2	5.6	11.6
Race:														
White	1,056,320	100.0	24.3	15.1	10.1	7.1	5.6	4.4	3.3	2.9	4.4	6.0	5.5	11.3
Other races	175,020	100.0	26.7	13.8	10.1	6.8	5.6	4.1	3.5	2.7	4.2	5.5	5.0	12.0
Unknown	20,440	100.0	24.9	15.2	11.4	7.8	5.1	4.3	3.4	1.8	4.0	6.2	4.0	12.0

Part IV

Number of Services Used by SMI Beneficiaries

12. Average Number of Services Used, by Age, Sex, and Race

1975

For the Aged, the average number of services per user[6] was 24.1. The number of services received per user rose slightly for older age groups from 22.3 services for persons 65-69 years of age to 25.6 for persons 85 years of age and over. Neither sex nor race had much influence on the number of services per user.

The average number of services per Aged enrollee[7] was 12.0 for the U.S. in 1975, with the number successively higher for older age groups—from 9.2 services for persons 65-69 years to 15.8 services for persons 85 years and over. Little difference was noted in the average number of services per enrollee for men in comparison to women. By race the difference was substantial, with white enrollees averaging 12.3 services and enrollees of all other races averaging 9.9 services.

Disabled users had about five more services (29.1) than the Aged. The average number of reimbursed services per Disabled enrollee was 11.2 in 1975, similar to the average for the Aged.

1975-1978

The average number of services per Aged user remained about the same during the 1975-1978 period. This trend was the same for all age groups except for the group 85 years and over which had a 7 percent increase over 1975. Average number of services per Aged enrollee increased to 13.7 services in 1978, or 14 percent over 1975.

Contrary to the pattern observed for the Aged, younger Disabled users had more services than older Disabled users. Also, Disabled women had more services per user than Disabled men. In 1978 the average number of services per Disabled user increased to 29.4 services and the average number of services per Disabled enrollee increased to 14.6. It should be noted that the percent change in average number of services per enrollee from 1975 through 1978 was more than twice as great for the Disabled (30.4 percent) than for the Aged (14.2 percent).

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[6] For these users, the total number of services are counted, including those which may have gone toward meeting the deductible.

[7] The average number of reimbursed services per enrollee does not reflect services of the total beneficiary population but rather the total services used by persons who received Medicare reimbursements, spread over the entire enrollee population. This results in underestimation.

TABLE 12

Medicare: Average Number of Services Per User and Average Number of Reimbursed Services Per Enrollee for Aged and Disabled Persons, by Age, Sex, and Race, U.S., 1975-1978

Age, Sex, and Race	Average Number of Services Per User				Percent Change	Average Number of Reimbursed Services Per Enrollee				Percent Change
	1975	1976	1977	1978	1975-78	1975	1976	1977	1978	1975-78
Aged										
U.S. Total	24.1	24.1	23.4	24.4	1.2	12.0	12.5	12.3	13.7	14.2
Age:										
65-69	22.3	22.5	21.2	21.9	1.8	9.2	10.6	10.0	10.0	8.7
70-74	24.0	24.0	23.0	24.0	–0–	12.0	12.3	12.0	13.4	11.7
75-79	24.8	24.5	24.4	25.3	2.0	13.3	13.5	13.7	15.6	17.3
80-84	25.6	25.9	25.1	26.3	2.7	14.8	14.7	14.5	17.1	15.5
85 and over	25.6	25.9	26.3	27.5	7.4	15.8	15.1	16.1	19.4	22.8
Sex:										
Men	24.8	24.7	24.2	25.5	2.8	11.7	12.2	12.2	13.7	17.1
Women	23.6	23.6	22.8	23.8	0.8	12.1	12.7	12.4	13.7	13.2
Race:										
White	24.2	24.2	23.5	24.5	1.2	12.3	12.8	12.6	13.9	13.0
Other races	23.2	23.7	22.6	24.0	3.4	9.9	10.7	10.0	11.2	13.1
Disabled										
U.S. Total	29.1	28.5	28.1	29.4	1.0	11.2	13.1	13.1	14.6	30.4
Age:										
Under 25	—	33.7	32.9	34.3	. . .	—	9.7	9.7	9.8	. . .
25-44	—	28.3	27.4	28.9	. . .	—	10.1	10.0	11.3	. . .
45-64	—	28.5	28.8	29.4	. . .	—	14.1	14.1	15.7	. . .
Sex:										
Men	—	27.8	27.2	28.3	. . .	—	11.5	11.4	12.7	. . .
Women	—	29.5	29.4	30.7	. . .	—	15.9	15.9	17.9	. . .
Race:										
White	—	28.6	28.1	29.3	. . .	—	13.6	13.4	15.0	. . .
Other races	—	28.8	28.3	30.0	. . .	—	11.5	11.6	13.0	. . .
Aged and Disabled										
U.S. Total	24.4	24.4	23.8	24.9	2.0	11.9	12.6	12.4	13.8	16.0
Sex:										
Men	—	25.1	24.6	25.8	. . .	—	12.1	12.1	13.5	. . .
Women	—	24.0	23.2	24.2	. . .	—	12.9	12.6	13.9	. . .
Race:										
White	—	24.5	23.8	24.9	. . .	—	12.9	12.7	14.0	. . .
Other races	—	24.5	23.6	25.0	. . .	—	10.8	10.3	11.5	. . .

13a. Average Number of Services Per Aged User and Enrollee, by State

1975

The average number of services per Aged user was similar in each census region: Northeast, 23.8 services; North Central, 23.2; South, 25.1; and West, 24.2. However, there were wide variations by State in the number of services per user—ranging from 17.1 services in Montana to 33.1 in Mississippi. A difference of over three services per enrollee was evident between the West, with 13.8 services per enrollee and the North Central, with 10.5 services per enrollee. Among the States, the range in 1975 was from a low of 7.5 services per enrollee in Montana to a high of 15.7 services in Arkansas.

1975-1978

The national trend showed that for about half the States the average number of services per Aged user remained about the same from 1975 through 1978, and the other half of the States experienced a decrease. Some of the decrease may be due to incompleteness of the data. Nearly all of the States had an increase in the average number of reimbursed services per enrollee.

TABLE 13a

Medicare: Average Number of Services Per User and Average Number of Reimbursed Services Per Enrollee for Aged Persons, by State, 1975-1978

Area of Residence	Average Number of Services Per User				Percent Change	Average Number of Reimbursed Services Per Enrollee				Percent Change
	1975	1976	1977	1978	1975-1978	1975	1976	1977	1978	1975-1978
U.S. Total	24.1	24.1	23.4	24.4	1.2	12.0	12.5	12.3	13.7	14.2
Northeast	23.8	23.4	22.4	23.5	- 1.3	12.4	12.9	12.5	13.8	11.3
New England	23.3	23.0	21.1	23.2	- 0.4	12.0	12.8	11.7	14.1	17.5
Maine	26.8	24.0	22.0	24.2	- 9.7	12.3	11.6	10.8	13.5	9.8
New Hampshire	26.7	22.7	22.6	21.4	-19.9	13.0	11.4	11.8	11.8	- 9.2
Vermont	24.0	24.2	18.9	20.5	-14.6	13.1	14.3	10.8	12.4	- 5.3
Massachusetts	23.4	23.6	20.5	23.6	0.9	11.9	13.0	11.1	14.3	20.2
Rhode Island	23.6	23.7	22.3	25.1	6.4	15.2	16.2	16.1	18.5	21.7
Connecticut	20.5	21.1	21.5	22.0	7.3	10.5	11.8	12.0	13.4	27.6
Middle Atlantic	24.0	23.6	22.8	23.6	- 1.7	12.5	12.9	12.7	13.7	9.6
New York	25.1	24.7	23.3	25.7	2.4	13.4	13.9	13.2	15.5	15.7
New Jersey	23.3	23.3	23.0	23.2	- 0.4	12.9	13.2	13.4	14.5	12.4
Pennsylvania	22.5	22.1	21.9	20.5	- 8.9	10.9	11.4	11.7	10.8	- 0.9
North Central	23.2	23.3	23.6	24.5	5.6	10.5	11.0	11.6	13.0	23.8
East North Central	22.8	23.5	24.3	25.2	10.5	10.3	11.1	11.9	13.5	31.1
Ohio	26.5	26.1	27.8	28.0	5.7	12.0	12.5	13.9	15.6	30.0
Indiana	22.9	25.2	[1]	22.8	- 0.4	10.5	11.0	[1]	12.0	14.3
Illinois	23.1	22.8	22.9	24.6	6.5	9.6	10.1	10.0	12.1	26.0
Michigan	[1]	17.4	22.9	22.1	. . .	[1]	8.9	13.0	12.8	. . .
Wisconsin	28.9	28.5	27.0	27.9	- 3.5	13.4	14.0	13.5	14.7	9.7
West North Central	24.0	23.0	22.2	23.2	- 3.3	10.9	11.0	11.0	12.1	11.0
Minnesota	23.1	23.2	23.0	21.8	- 5.6	10.9	11.8	12.3	10.5	- 3.7
Iowa	21.5	23.6	22.0	25.8	20.0	9.8	10.5	10.6	13.4	36.7
Missouri	27.5	24.9	23.6	25.3	- 8.0	12.2	11.4	10.6	13.2	8.2
North Dakota	25.5	24.1	[1]	25.2	- 1.2	14.0	13.5	[1]	16.0	14.3
South Dakota	22.8	22.1	24.0	[1]	. . .	8.7	10.0	11.6	[1]	. . .
Nebraska	25.9	23.5	[1]	24.7	- 4.6	10.3	9.8	[1]	12.6	22.3
Kansas	20.3	18.7	19.0	18.0	-11.3	9.6	9.9	10.2	10.4	8.3
South	25.1	24.9	23.1	24.7	- 1.6	12.0	12.5	11.4	13.0	8.3
South Atlantic	23.6	23.4	23.1	25.6	8.5	11.5	11.9	12.2	14.6	27.0
Delaware	23.4	27.9	24.5	26.9	15.0	12.1	15.0	14.1	16.2	33.9
Maryland	20.3	21.8	22.7	24.9	22.7	8.5	11.8	12.5	14.2	67.1
Dist. of Columbia	24.4	26.4	24.5	27.8	13.9	12.0	14.4	14.1	17.2	44.2
Virginia	23.1	23.8	23.5	23.3	0.9	10.1	11.5	11.6	12.5	23.8
West Virginia	22.9	24.5	23.4	24.9	8.7	8.7	10.3	10.1	13.4	54.0
North Carolina	22.6	22.2	21.4	23.5	4.0	10.4	10.4	10.2	12.3	18.3
South Carolina	22.6	23.4	20.0	[1]	. . .	10.0	11.1	8.4	[1]	. . .
Georgia	24.5	24.0	24.0	24.4	- 0.4	11.6	12.1	12.1	13.5	16.4
Florida	24.7	23.4	23.6	28.5	15.4	14.0	12.7	13.9	18.6	32.9
East South Central	25.4	26.1	24.7	27.2	7.1	10.6	12.1	11.4	13.7	29.2
Kentucky	22.5	20.4	23.3	27.7	23.1	7.9	8.4	9.8	12.6	59.5
Tennessee	24.9	27.3	24.4	28.0	12.4	10.6	12.6	11.7	14.6	37.7
Alabama	22.9	24.9	21.4	23.6	3.1	9.9	12.1	9.5	12.3	24.2
Mississippi	33.1	32.5	31.4	30.5	- 7.9	15.6	16.4	15.9	15.7	0.6
West South Central	27.2	26.9	22.0	20.9	-23.2	13.8	13.8	10.2	9.8	- 29.0
Arkansas	31.4	30.9	25.8	32.4	3.2	15.7	16.0	12.2	18.0	14.6
Louisiana	24.0	21.7	[1]	[1]	. . .	10.7	9.5	[1]	[1]	. . .
Oklahoma	24.8	26.7	25.4	26.3	6.0	11.9	13.0	12.9	14.5	21.8
Texas	27.7	27.2	20.8	[1]	. . .	14.8	14.7	9.8	[1]	. . .
West	24.2	24.5	24.9	25.2	4.1	13.8	14.4	15.2	15.8	14.5
Mountain	23.3	23.6	23.7	25.4	9.0	11.7	12.3	13.2	14.9	27.4
Montana	17.1	22.4	25.6	31.7	85.4	7.5	11.6	13.9	18.5	146.7
Idaho	25.8	23.6	21.5	21.1	-18.2	12.0	11.9	11.5	12.1	0.8
Wyoming	26.4	22.2	22.6	25.5	- 3.4	10.1	9.0	10.3	11.4	12.9
Colorado	22.9	24.0	23.7	27.0	17.9	12.2	13.1	13.4	16.4	34.4
New Mexico	26.8	25.5	24.9	25.6	- 4.5	13.7	12.4	13.2	15.3	11.7
Arizona	26.4	26.4	25.6	25.3	- 4.2	14.3	14.4	15.4	15.6	9.1
Utah	[1]	[1]	18.4	23.1	. . .	[1]	[1]	9.1	11.5	. . .
Nevada	20.5	24.0	20.9	20.3	- 1.0	11.0	13.2	12.0	12.5	13.6
Pacific	24.4	24.7	25.3	25.1	2.9	14.5	15.0	15.9	16.0	10.3
Washington	22.7	22.8	23.6	20.1	-11.5	12.6	13.1	13.7	11.8	- 6.3
Oregon	23.4	24.9	24.0	22.7	- 3.0	11.9	13.2	13.8	13.3	11.8
California	24.8	25.1	25.7	26.1	5.2	15.2	15.7	16.6	17.1	12.5
Alaska	22.9	14.5	21.5	30.0	31.0	14.0	5.8	13.3	17.1	22.1
Hawaii	21.1	22.0	23.4	26.9	27.5	12.2	13.1	14.3	17.6	43.4

[1] Counts of services were unreliable.

13b. Average Number of Services Per Disabled User and Enrollee, by State

1975

Similar to the Aged, the average number of services per Disabled user in each of the Census Regions showed little variation, ranging from 29.9 services in the South to 28.2 services in the Northeast. Regional differences in average number of services per Disabled enrollee ranged from 13.7 services in the West to 10.5 in the Northeast.

1975-1978

There was very little change in the average number of services per user among the regions during the 1975-1978 period. But, average number of services per enrollee rose substantially due to the increase in the number of persons who exceeded the deductible. Wide variations existed among the States in the number of services per user in 1978, ranging from 38.5 services in the District of Columbia to 23.3 services in Washington. Average number of services per enrollee was highest in Hawaii—23.5 services and lowest in Utah—10.9 services in 1978.

TABLE 13b
Medicare: Average Number of Services Per User and Average Number of Reimbursed Services Per Enrollee for Disabled Persons, by State, 1975-1978

Area of Residence	Average Number of Services Per User				Percent Change 1975-1978	Average Number of Reimbursed Services Per Enrollee				Percent Change 1975-1978
	1975	1976	1977	1978		1975	1976	1977	1978	
U.S. Total	29.1	28.5	28.1	29.4	1.0	11.2	13.1	13.1	14.6	30.4
Northeast	28.2	27.8	27.3	28.8	2.1	10.5	12.5	12.7	14.5	38.1
New England	—	26.0	25.6	30.8	...	—	11.8	12.0	16.3	...
Maine	—	24.2	23.2	27.4	...	—	10.5	10.6	13.4	...
New Hampshire	—	27.8	28.4	32.9	...	—	13.7	14.9	19.6	...
Vermont	—	28.4	26.2	26.8	...	—	13.6	13.5	16.1	...
Massachusetts	—	27.3	25.2	30.8	...	—	12.3	11.7	16.6	...
Rhode Island	—	26.1	26.8	31.5	...	—	11.9	14.0	18.4	...
Connecticut	—	23.4	26.0	32.2	...	—	10.6	11.5	15.4	...
Middle Atlantic	—	28.3	27.8	28.2	...	—	12.7	12.9	13.9	...
New York	—	29.8	28.8	30.8	...	—	13.2	12.9	15.2	...
New Jersey	—	28.1	26.7	27.4	...	—	14.1	13.7	15.3	...
Pennsylvania	—	26.2	27.2	24.9	...	—	11.2	12.4	11.4	...
North Central	29.1	28.1	28.8	30.1	3.4	10.8	12.5	13.3	15.2	40.7
East North Central	—	28.6	29.6	30.1	...	—	12.8	13.8	15.5	...
Ohio	—	33.5	34.1	35.9	...	—	14.9	15.8	18.1	...
Indiana	—	33.3	[1]	31.1	...	—	13.4	[1]	14.7	...
Illinois	—	26.6	25.3	27.4	...	—	10.6	10.2	12.7	...
Michigan	—	20.0	27.1	25.9	...	—	9.9	14.7	15.0	...
Wisconsin	—	36.2	36.9	30.6	...	—	18.3	18.9	16.8	...
West North Central	—	26.8	26.7	29.9	...	—	11.9	12.0	14.4	...
Minnesota	—	26.4	27.1	25.2	...	—	13.2	13.6	12.2	...
Iowa	—	25.7	26.0	33.2	...	—	11.2	11.7	16.9	...
Missouri	—	27.7	26.8	31.1	...	—	11.6	11.3	14.9	...
North Dakota	—	29.5	[1]	31.9	...	—	15.9	[1]	16.7	...
South Dakota	—	24.8	27.0	[1]	...	—	10.2	11.4	[1]	...
Nebraska	—	30.4	28.6	31.7	...	—	12.3	12.7	15.1	...
Kansas	—	24.3	26.0	29.1	...	—	10.8	11.4	13.6	...
South	29.9	29.1	27.5	29.5	−1.3	10.9	12.6	11.6	13.4	22.9
South Atlantic	—	27.1	27.6	30.8	...	—	12.0	12.8	15.3	...
Delaware	—	31.6	35.2	37.0	...	—	13.7	16.0	18.4	...
Maryland	—	25.8	27.2	30.0	...	—	12.1	13.4	15.7	...
Dist. of Columbia	—	32.5	32.0	38.5	...	—	11.4	12.1	15.9	...
Virginia	—	28.3	28.1	30.3	...	—	12.1	12.5	14.7	...
West Virginia	—	28.9	24.6	27.2	...	—	9.4	8.6	12.1	...
North Carolina	—	25.8	25.7	29.9	...	—	11.9	11.8	15.1	...
South Carolina	—	25.5	25.0	[1]	...	—	10.8	9.2	[1]	...
Georgia	—	26.9	26.6	28.0	...	—	12.7	13.4	14.8	...
Florida	—	27.7	30.3	37.3	...	—	13.0	15.8	21.0	...
East South Central	—	29.0	29.6	31.8	...	—	12.1	11.8	14.7	...
Kentucky	—	24.1	24.1	30.0	...	—	8.0	7.7	11.8	...
Tennessee	—	29.5	33.6	34.9	...	—	13.7	15.5	17.9	...
Alabama	—	27.7	24.2	28.1	...	—	12.2	9.2	13.3	...
Mississippi	—	35.3	34.5	33.7	...	—	14.8	14.9	15.3	...
West South Central	—	33.0	25.3	23.6	...	—	14.1	9.2	8.7	...
Arkansas	—	33.1	28.9	33.8	...	—	15.2	11.7	15.9	...
Louisiana	—	28.0	24.8	[1]	...	—	8.5	6.5	[1]	...
Oklahoma	—	30.0	28.8	31.5	...	—	12.7	12.5	13.9	...
Texas	—	35.2	22.9	[1]	...	—	16.5	8.5	[1]	...
West	28.9	28.7	29.2	28.9	–0–	13.7	15.9	16.6	16.8	22.6
Mountain	—	28.9	28.6	29.1	...	—	13.7	13.6	15.0	...
Montana	—	27.3	25.1	31.8	...	—	12.4	12.0	15.6	...
Idaho	—	25.1	23.7	28.5	...	—	12.8	12.7	15.9	...
Wyoming	—	21.8	27.2	26.1	...	—	11.5	14.5	13.5	...
Colorado	—	30.2	28.5	34.0	...	—	14.6	14.4	18.8	...
New Mexico	—	31.6	29.6	28.5	...	—	13.3	11.8	11.7	...
Arizona	—	32.7	33.5	28.0	...	—	15.5	15.5	14.7	...
Utah	—	[1]	24.8	21.6	...	—	[1]	10.1	10.9	...
Nevada	—	32.2	25.3	26.6	...	—	17.7	14.1	15.7	...
Pacific	—	28.7	29.4	28.9	...	—	16.5	17.4	17.4	...
Washington	—	26.0	28.0	23.3	...	—	13.2	15.1	13.0	...
Oregon	—	30.0	30.9	30.3	...	—	14.0	14.4	14.4	...
California	—	28.9	29.3	29.3	...	—	17.2	18.0	18.2	...
Alaska	—	31.0	37.0	36.5	...	—	12.8	16.3	17.2	...
Hawaii	—	27.5	32.2	36.6	...	—	16.0	19.1	23.5	...

[1] Data incomplete. Counts of services were unreliable.

Part V

Physicians' Allowed Charges

14a. Allowed Charges for Physicians' Services for the Aged, by Type of Service, and by Age, Sex, and Race

1975

Of the nearly $4.0 billion of allowed charges (see text footnote 2) for physicians' services to the Aged, 40 percent was for medical care. The proportion of charges for medical care was higher for older age groups, ranging from 37 percent for the 65-69 age group to 45 percent for persons 85 years and over. Medical care made up a higher proportion of charges for women, 42 percent, than for men, 37 percent; and a higher proportion for persons of all other races, 43 percent, than for white persons, 40 percent. Inpatient surgery, which accounted for 26 percent of allowed charges in 1975, showed a smaller proportion for older age groups—ranging from 27 percent for those in the 65-69 years age group to 24 percent for the age group 85 years and over. Diagnostic laboratory services were 8 percent of allowed charges and diagnostic X-ray services were 7 percent of allowed charges for the Aged. The percentages of allowed charges for both diagnostic services were lower for successively older age groups; such services showed a higher percentage for women than for men; and for all other races in comparison to white persons.

1975-1978

The proportion of allowed charges for medical care and for inpatient surgery declined a little during the 4-year period. Diagnostic laboratory, and diagnostic X-ray remained about the same. Other surgery, consultation, and radiation therapy showed an increase.

TABLE 14a

Medicare: Allowed Charges for Physicians' Services and Percent Distribution by Type of Service for Aged Persons, by Age, Sex, and Race, U.S., 1975-1978

Age, Sex, and Race	Total Allowed Charges		Percent Distribution of Allowed Charges									
	Amount (millions)	Percent	Medical Care	Inpatient Surgery	Other Surgery	Consultation	Diagnostic X-ray	Diagnostic Laboratory	Radiation Therapy	Anesthesia	Assistance at Surgery	Other
						1975						
U.S. Total	$3,998.0	100.0	40.2	25.8	4.7	2.5	6.7	8.2	0.9	4.1	1.5	5.4
Age:												
65-69	1,087.6	100.0	37.3	27.4	5.1	2.5	7.4	8.7	1.2	4.6	1.6	4.1
70-74	1,070.8	100.0	39.4	25.8	5.0	2.6	7.0	8.6	1.0	4.3	1.5	4.9
75-79	839.7	100.0	40.7	25.4	4.7	2.6	6.7	8.1	0.8	4.0	1.4	5.5
80-84	599.6	100.0	42.9	24.7	4.3	2.6	5.7	7.7	0.7	3.6	1.3	6.4
85 and over	400.3	100.0	44.5	23.9	3.7	2.5	5.1	6.7	0.5	3.4	1.4	8.5
Sex:												
Men	1,698.2	100.0	37.2	29.0	4.4	2.7	6.2	7.7	1.1	4.8	1.5	5.5
Women	2,299.8	100.0	42.4	23.4	5.0	2.4	7.0	8.6	0.8	3.6	1.4	5.4
Race:												
White	3,695.4	100.0	39.9	26.0	4.9	2.6	6.7	8.1	0.9	4.2	1.5	5.3
Other races	243.9	100.0	43.3	23.3	2.8	2.5	6.9	9.2	0.9	3.5	0.9	6.7
Unknown	58.7	100.0	41.6	24.9	4.1	2.5	5.7	8.1	0.7	4.0	1.4	7.1
						1976						
U.S. Total	$4,595.6	100.0	40.0	25.3	4.8	2.6	6.9	8.1	1.0	4.2	1.5	5.7
Age:												
65-69	1,371.3	100.0	37.6	26.8	5.0	2.5	7.6	8.6	1.1	4.7	1.7	4.4
70-74	1,217.0	100.0	39.2	25.6	5.0	2.6	7.1	8.3	1.1	4.4	1.5	5.2
75-79	937.2	100.0	40.7	24.9	5.0	2.6	6.7	7.8	0.9	3.9	1.5	5.9
80-84	648.2	100.0	42.9	23.8	4.3	2.7	5.9	7.7	0.7	3.7	1.4	6.9
85 and over	421.7	100.0	44.1	22.6	3.9	2.6	5.5	7.1	0.6	3.5	1.2	8.9
Sex:												
Men	1,949.0	100.0	36.7	28.7	4.6	2.7	6.4	7.5	1.2	4.9	1.5	5.8
Women	2,646.6	100.0	42.4	22.8	5.0	2.5	7.2	8.5	0.8	3.7	1.5	5.6
Race:												
White	4,231.2	100.0	39.8	25.5	4.9	2.6	6.9	8.0	1.0	4.2	1.6	5.6
Other races	293.3	100.0	43.0	23.2	3.0	2.6	6.9	9.0	1.0	3.8	0.8	6.7
Unknown	71.0	100.0	41.4	23.0	5.2	2.6	6.6	8.5	1.1	3.8	1.3	6.4
						1977						
U.S. Total	$5,170.1	100.0	37.2	25.3	7.4	2.7	6.5	7.5	1.7	4.5	1.4	5.6
Age:												
65-69	1,472.2	100.0	34.8	26.9	7.6	2.6	7.3	8.1	1.8	5.0	1.6	4.3
70-74	1,364.6	100.0	36.5	26.0	7.3	2.6	6.7	7.7	1.9	4.8	1.5	5.0
75-79	1,065.9	100.0	38.0	24.9	7.4	2.8	6.3	7.4	1.8	4.3	1.3	5.8
80-84	731.3	100.0	39.8	23.4	7.4	3.0	5.9	7.1	1.6	3.9	1.2	6.6
85 and over	536.2	100.0	40.3	22.6	7.1	2.9	5.4	6.6	1.3	3.9	1.2	8.8
Sex:												
Men	2,214.4	100.0	33.8	28.4	7.6	2.9	6.2	6.9	2.0	5.2	1.5	5.6
Women	2,955.7	100.0	39.7	23.0	7.3	2.6	6.8	8.0	1.5	4.1	1.4	5.5
Race:												
White	4,733.0	100.0	36.9	25.6	7.6	2.7	6.5	7.4	1.8	4.6	1.5	5.5
Other races	321.1	100.0	41.2	22.0	5.3	2.9	6.9	8.8	1.4	4.0	0.7	6.9
Unknown	116.0	100.0	37.7	24.9	6.4	2.9	6.5	8.2	1.4	4.4	1.6	6.2
						1978						
U.S. Total	$6,258.9	100.0	38.4	24.3	6.4	2.9	6.7	8.1	1.4	4.4	1.5	6.0
Age:												
65-69	1,609.8	100.0	36.0	26.0	6.8	2.7	7.3	8.5	1.5	4.9	1.7	4.5
70-74	1,659.1	100.0	37.6	24.9	6.3	2.8	6.9	8.6	1.6	4.6	1.5	5.2
75-79	1,330.8	100.0	38.7	24.1	6.3	2.9	6.7	8.1	1.3	4.4	1.5	6.1
80-84	930.2	100.0	40.5	23.0	6.2	3.0	6.2	7.5	1.2	3.9	1.2	7.3
85 and over	729.0	100.0	41.9	21.5	6.0	3.2	5.6	7.0	0.9	3.5	1.2	9.2
Sex:												
Men	2,687.0	100.0	35.1	27.5	6.3	3.0	6.2	7.6	1.5	5.1	1.5	6.2
Women	3,572.0	100.0	40.8	22.0	6.5	2.8	7.1	8.5	1.2	3.9	1.4	5.9
Race:												
White	5,687.5	100.0	38.1	24.6	6.5	2.9	6.7	8.0	1.4	4.5	1.5	5.9
Other races	406.0	100.0	42.2	21.4	4.5	2.9	7.0	8.7	1.0	3.8	0.7	7.8
Unknown	165.4	100.0	38.4	23.8	5.4	3.0	6.8	8.9	0.8	4.2	1.5	7.1

14b. Allowed Charges for Physicians' Services for the Disabled, by Type of Service, and by Age, Sex, and Race

1975

The distribution of allowed charges (see text footnote 2) by type of service for the Disabled showed a pattern similar to that for the Aged in 1975: medical care, 41 percent; inpatient surgery, 26 percent; diagnostic X-ray, 6 percent; and diagnostic laboratory, 7 percent.

1975-1978

The proportion of allowed charges for medical care, diagnostic X-ray, and diagnostic laboratory shifted slightly over time. Inpatient surgery decreased to 22 percent. Allowed charges for other surgery increased during the period from 3 percent in 1975 to 5 percent in 1978.

TABLE 14b

Medicare: Allowed Charges for Physicians' Services and Percent Distribution by Type of Service for Disabled Persons, by Age, Sex, and Race, U.S., 1975-1978

Age, Sex, and Race	Total Allowed Charges		Percent Distribution of Allowed Charges									
	Amount (millions)	Percent	Medical Care	Inpatient Surgery	Other Surgery	Consultation	Diagnostic X-ray	Diagnostic Laboratory	Radiation Therapy	Anesthesia	Assistance at Surgery	Other
1975												
U.S. Total	$359.1	100.0	40.9	25.7	3.1	2.6	5.8	6.7	.6	4.4	1.4	8.8
Age:												
Under 25	—	—	—	—	—	—	—	—	—	—	—	—
25-44	—	—	—	—	—	—	—	—	—	—	—	—
45-64	—	—	—	—	—	—	—	—	—	—	—	—
Sex:												
Men	—	—	—	—	—	—	—	—	—	—	—	—
Women	—	—	—	—	—	—	—	—	—	—	—	—
Race:												
White	—	—	—	—	—	—	—	—	—	—	—	—
Other races	—	—	—	—	—	—	—	—	—	—	—	—
Unknown	—	—	—	—	—	—	—	—	—	—	—	—
1976												
U.S. Total	$493.4	100.0	41.8	24.0	3.2	2.5	6.1	6.7	.7	4.2	1.2	9.5
Age:												
Under 25	12.3	100.0	42.8	28.4	2.1	1.4	3.9	5.1	.2	4.3	.7	11.1
25-44	86.5	100.0	43.9	22.9	2.7	2.3	5.3	5.5	.3	4.1	1.0	12.1
45-64	394.5	100.0	41.3	24.2	3.3	2.6	6.3	7.1	.8	4.2	1.3	8.9
Sex:												
Men	276.5	100.0	40.3	24.9	2.9	2.5	5.8	6.3	.8	4.2	1.3	11.0
Women	216.9	100.0	43.7	22.9	3.6	2.6	6.5	7.3	.6	4.1	1.1	7.6
Race:												
White	420.1	100.0	41.2	24.2	3.3	2.5	6.1	6.7	.7	4.2	1.3	9.6
Other races	69.0	100.0	45.4	22.6	2.5	2.3	5.9	7.2	.6	3.7	.7	9.2
Unknown	4.2	100.0	42.1	27.8	2.0	2.1	5.2	6.0	2.1	4.4	.9	7.4
1977												
U.S. Total	$585.1	100.0	39.7	22.3	5.8	2.7	6.1	6.5	1.4	4.1	1.2	10.2
Age:												
Under 25	13.5	100.0	44.2	21.0	4.0	2.0	4.4	4.9	.5	4.4	.5	14.1
25-44	102.7	100.0	42.7	20.1	5.4	2.4	5.1	5.2	.8	3.9	.9	13.6
45-64	468.8	100.0	38.9	22.8	6.0	2.8	6.3	6.8	1.5	4.2	1.3	9.3
Sex:												
Men	325.3	100.0	38.1	22.9	5.7	2.8	5.8	6.1	1.4	4.2	1.2	11.8
Women	259.8	100.0	41.7	21.5	6.0	2.7	6.5	6.9	1.3	4.0	1.2	8.1
Race:												
White	493.2	100.0	39.0	22.7	6.0	2.7	6.1	6.4	1.5	4.3	1.3	10.1
Other races	84.8	100.0	43.9	19.8	4.9	2.7	5.8	7.0	.9	3.5	.7	10.8
Unknown	7.1	100.0	39.6	25.3	2.7	2.4	5.6	7.6	.4	4.3	.8	11.3
1978												
U.S. Total	$739.8	100.0	41.0	21.7	4.7	2.8	5.9	6.9	.9	4.2	1.2	10.7
Age:												
Under 25	16.2	100.0	41.3	25.8	2.9	1.8	4.2	4.8	.3	5.2	.6	13.0
25-44	133.1	100.0	43.4	19.4	4.3	2.4	5.0	5.5	.5	3.9	.8	14.8
45-64	590.5	100.0	40.4	22.2	4.8	2.9	6.2	7.2	1.0	4.2	1.3	9.7
Sex:												
Men	412.6	100.0	39.0	23.0	4.5	2.7	5.6	6.5	1.0	4.4	1.2	12.0
Women	327.3	100.0	43.4	20.1	4.9	2.8	6.4	7.4	.9	3.9	1.1	9.1
Race:												
White	618.9	100.0	40.1	22.2	5.0	2.8	6.0	6.8	1.0	4.3	1.3	10.6
Other races	108.9	100.0	46.1	18.9	3.3	2.7	5.7	7.2	.8	3.4	.6	11.2
Unknown	12.0	100.0	39.6	23.6	2.6	2.3	5.5	7.6	.6	4.6	1.2	12.3

15. Average Allowed Charge Per Service for Selected Services by Age, Sex, and Race

1975

As noted earlier, four types of services accounted for the highest percentages of total allowed charges: medical care, inpatient surgery, diagnostic X-ray, and diagnostic laboratory. For the Aged the average allowed charge per service for medical care services was $10.83; for inpatient surgery, $272.63; for diagnostic X-ray, $15.46; and for diagnostic lab services, $6.60. There was very little difference in the average allowed charges by age group for medical care. However, for diagnostic X-ray the average allowed charge was lower for older age groups, but for inpatient surgery the average allowed charge increased with age. There was very little difference by sex and race in the average allowed charge for each type of service.

For the Disabled, the average allowed charge for medical care in 1975 was $11.78, about 9 percent higher than for the Aged that year. Inpatient surgery services for the Disabled had an average allowed charge of $270.01—about the same as for Aged persons; the average charge for diagnostic X-ray services was $15.18, and $6.47 for diagnostic laboratory—each about the same as for the Aged.

1975-1978

The average allowed charge per service for medical care for Aged enrollees during the period increased about 36 percent, rising to $14.78 per service in 1978; charges for diagnostic X-ray increased about 25 percent, rising to $19.25 per service; and charges for diagnostic laboratory increased about 24 percent, rising to $8.00 per service in 1978. Average allowed charges per service to Disabled enrollees increased at about the same rates as for the Aged.

TABLE 15
Medicare: Average Allowed Charge Per Service for Selected Services Rendered to Aged and Disabled Persons, by Age, Sex, and Race, U.S., 1975-1978

Age, Sex and Race	Medical Care				Inpatient Surgery				Diagnostic X-ray				Diagnostic Laboratory			
	1975	1976	1977	1978	1975	1976	1977	1978	1975	1976	1977	1978	1975	1976	1977	1978
Aged																
U.S. Total	$10.83	$11.88	$13.42	$14.78	$272.63	$281.78	[1]	[1]	$15.46	$16.51	$18.36	$19.25	$6.60	$6.90	$7.55	$8.00
Age:																
65-69	11.02	12.06	13.49	15.01	272.09	284.53	[1]	[1]	16.28	17.47	19.53	20.29	6.76	7.10	7.77	8.18
70-74	10.87	11.98	13.51	14.85	263.48	278.55	[1]	[1]	16.19	17.12	18.92	19.91	6.59	6.91	7.56	8.01
75-79	10.73	11.80	13.33	14.64	272.37	280.12	[1]	[1]	15.28	16.24	18.16	19.33	6.47	6.79	7.43	8.09
80-84	10.87	11.79	13.53	14.66	275.30	277.07	[1]	[1]	14.38	15.18	17.08	18.11	6.62	6.76	7.48	7.85
85 and over	10.49	11.47	13.08	14.58	300.76	294.32	[1]	[1]	12.86	13.88	15.63	16.60	6.37	6.59	7.20	7.58
Sex:																
Men	11.13	12.18	13.75	15.18	267.94	281.63	[1]	[1]	15.59	16.64	18.43	19.40	6.77	7.11	7.82	8.33
Women	10.65	11.70	13.21	14.53	277.06	281.92	[1]	[1]	15.38	16.43	18.32	19.15	6.49	6.77	7.38	7.79
Race:																
White	10.84	11.91	13.43	14.80	273.11	282.51	[1]	[1]	15.47	16.54	18.42	19.34	6.64	6.95	7.59	8.07
Other races	10.55	11.59	13.32	14.77	254.90	266.83	[1]	[1]	15.55	15.93	17.43	18.19	6.02	6.22	6.99	7.25
Disabled																
US. Total	$11.78	$13.02	$14.59	$15.80	$270.01	$259.52	[1]	[1]	$15.18	$16.04	$18.16	$18.61	$6.47	$6.84	$7.54	$7.92
Age:																
Under 25	—	17.66	18.12	18.75	—	349.40	[1]	[1]	—	16.01	17.74	17.89	—	5.29	5.75	6.63
25-44	—	14.34	16.33	17.31	—	248.05	[1]	[1]	—	15.74	17.19	18.25	—	6.69	7.13	7.53
45-64	—	12.64	14.14	15.41	—	259.56	[1]	[1]	—	16.10	18.35	18.69	—	6.91	7.67	8.02
Sex:																
Men	—	13.10	14.62	15.92	—	265.97	[1]	[1]	—	15.78	17.79	18.04	—	7.07	7.77	8.20
Women	—	12.93	14.56	15.68	—	251.18	[1]	[1]	—	16.35	18.59	19.27	—	6.60	7.31	7.63
Race:																
White	—	12.81	14.34	15.58	—	262.38	[1]	[1]	—	16.06	18.32	18.76	—	6.90	7.67	7.96
Other races	—	14.07	16.04	16.98	—	237.62	[1]	[1]	—	15.85	17.29	17.76	—	6.42	6.99	7.74
Aged and Disabled																
U.S. Total	$10.91	$11.99	$13.53	$14.89	$272.36	$279.53	[1]	[1]	$15.44	$16.47	$18.34	$19.19	$6.59	$6.89	$7.55	$8.00
Sex:																
Men	—	12.30	13.87	15.28	—	279.82	[1]	[1]	—	16.54	18.35	19.23	—	7.10	7.82	8.32
Women	—	11.79	13.32	14.63	—	279.25	[1]	[1]	—	16.42	18.34	19.16	—	6.76	7.38	7.78
Race:																
White	—	11.98	13.52	14.88	—	280.68	[1]	[1]	—	16.50	18.41	19.29	—	6.95	7.60	8.06
Other races	—	12.01	13.84	15.22	—	260.49	[1]	[1]	—	15.92	17.40	18.11	—	6.25	6.99	7.33

[1] The average allowed charge for inpatient surgery was incorrectly coded for several States. (See Tables 16a and 16b.)

16a. Average Allowed Charge Per Service for Selected Services to the Aged, by State

1975

The average allowed charge for services to the Aged was highest in the West for each of the four types of services studied: medical care ($12.07); inpatient surgery ($305.41); diagnostic X-ray ($19.45); and diagnostic laboratory ($7.80). The Northeast had the second highest average allowed charge for each of these services. The South had the lowest charge for medical care ($9.55), and the North Central ranked lowest for inpatient surgery ($248.10), diagnostic X-ray ($12.31), and diagnostic laboratory ($5.75).

The average allowed charge varied considerably by State. The range for medical care was from a low of $6.22 per service in Mississippi to a high of $17.03 in Alaska; for inpatient surgery, the range was $184.15 in Vermont to $388.05 in California; for diagnostic X-ray, the range was from $8.77 in Indiana to $25.97 in the District of Columbia; and for diagnostic laboratory, the range was from $3.37 in Ohio to $12.21 in the District of Columbia.

1975-1978

The regional patterns observed in 1975 generally persisted through 1978; most States showed an increase in the average allowed charge per service for medical care, diagnostic X-ray, and diagnostic laboratory, with a few exceptions.

TABLE 16a
Medicare: Average Allowed Charge Per Service for Selected Services Rendered to Aged Persons, by State, 1975-1978

Area of Residence	Medical Care				Inpatient Surgery				Diagnostic X-ray				Diagnostic Laboratory			
	1975	1976	1977	1978	1975	1976	1977	1978	1975	1976	1977	1978	1975	1976	1977	1978
U.S. Total	$10.83	$11.88	$13.42	$14.78	$272.63	$281.78	[1]	[1]	$15.46	$16.51	$18.36	$19.25	$ 6.60	$ 6.90	$ 7.55	$ 8.00
Northeast	11.67	12.89	14.39	15.89	278.13	289.97	[1]	[1]	19.23	20.48	22.39	23.30	7.33	7.71	8.56	9.82
New England	10.83	12.03	13.88	15.29	259.90	223.19	[1]	[1]	13.39	14.75	16.70	18.39	6.34	6.62	8.06	9.32
Maine	8.86	9.92	11.18	13.04	217.89	[1]	[1]	[1]	9.00	11.89	12.57	13.30	6.47	6.06	7.20	12.87
New Hampshire	8.07	9.76	10.84	11.29	245.62	248.16	[1]	[1]	8.97	10.68	12.20	12.88	5.55	6.24	6.84	7.89
Vermont	8.21	9.63	10.04	11.23	184.15	232.86	[1]	278.92	11.00	12.16	12.49	14.02	5.39	6.51	8.75	8.65
Massachusetts	11.23	12.33	16.44	17.36	249.69	[1]	[1]	[1]	12.55	13.67	16.61	18.75	6.70	6.88	10.74	13.94
Rhode Island	11.56	12.43	14.44	15.22	316.93	[1]	[1]	[1]	16.83	17.01	18.74	18.88	5.90	6.07	7.12	7.82
Connecticut	11.91	13.13	14.70	15.89	294.26	299.41	[1]	337.19	19.08	19.98	19.40	21.12	6.04	6.61	7.11	7.35
Middle Atlantic	11.91	13.13	14.48	16.00	283.92	317.28	317.15	359.33	22.85	24.34	25.52	25.63	7.63	8.10	8.67	9.93
New York	13.25	14.62	16.14	17.46	328.49	375.13	358.64	398.27	24.49	26.99	28.45	29.34	7.42	8.14	8.71	10.30
New Jersey	11.07	12.44	13.92	15.15	281.82	311.38	319.56	373.10	20.71	21.57	23.79	21.59	7.90	7.04	6.96	7.19
Pennsylvania	10.25	11.12	12.31	13.75	227.98	248.49	263.22	287.77	20.88	21.29	21.61	22.35	8.04	8.69	9.64	11.01
North Central	10.61	11.27	12.63	13.62	248.10	271.77	283.12	[1]	12.31	13.46	15.40	16.28	5.75	5.96	6.37	6.87
East North Central	11.23	11.90	13.15	14.09	257.45	282.20	284.55	[1]	11.57	12.55	14.60	15.49	5.28	5.53	5.89	6.48
Ohio	9.08	9.90	10.95	12.23	259.12	300.32	286.25	348.94	12.04	12.68	14.32	14.89	3.37	3.55	3.67	4.07
Indiana	8.91	9.83	10.88	11.97	240.01	247.92	234.14	282.52	8.77	9.57	13.85	14.67	6.42	6.99	7.85	7.76
Illinois	10.94	11.26	12.79	14.16	288.76	313.54	322.51	[1]	13.47	14.23	15.18	16.28	6.41	6.37	6.95	7.87
Michigan	[1]	[1]	21.20	22.01	[1]	[1]	250.67	276.00	13.16	13.48	14.56	15.33	6.80	6.90	7.18	7.71
Wisconsin	9.44	10.21	11.72	12.08	250.93	281.16	312.49	292.85	12.57	14.16	14.83	16.45	5.68	6.17	6.61	8.01
West North Central	9.67	10.24	11.67	12.73	230.22	250.52	279.96	302.53	14.68	16.40	17.68	18.36	6.73	6.98	7.69	7.94
Minnesota	11.57	12.53	13.24	15.99	229.33	253.99	306.10	323.70	14.70	16.63	17.51	19.03	7.24	7.77	8.13	9.33
Iowa	9.80	9.60	11.51	11.65	252.68	248.78	261.64	302.80	16.75	17.80	19.41	19.54	6.51	5.79	6.93	6.54
Missouri	8.61	9.11	10.80	12.02	223.57	254.53	277.44	294.94	13.41	14.56	16.24	15.77	5.62	5.98	6.86	6.68
North Dakota	8.04	9.24	10.92	12.21	213.40	286.05	294.35	290.58	17.57	20.72	22.09	26.35	5.75	6.08	6.58	7.87
South Dakota	10.15	10.54	10.40	12.02	206.10	240.89	262.25	307.41	12.40	14.91	16.70	18.42	6.50	6.61	6.41	6.98
Nebraska	8.42	9.00	10.12	10.80	226.37	241.76	261.00	247.47	16.82	18.37	19.37	19.90	8.48	8.39	8.72	8.40
Kansas	11.02	11.45	12.89	13.90	238.85	238.70	281.36	317.47	14.54	16.39	17.55	18.51	6.95	7.55	8.68	9.38
South	9.55	10.48	11.70	13.26	271.66	255.12	[1]	299.69	14.61	15.18	16.60	17.48	6.03	6.15	6.79	7.21
South Atlantic	10.84	12.03	13.54	15.02	283.19	247.86	[1]	310.97	15.39	16.23	17.53	18.12	6.27	6.28	7.05	7.42
Delaware	10.48	10.81	12.18	14.27	203.70	310.37	283.47	382.62	15.28	15.48	17.63	17.96	7.27	7.78	8.85	10.01
Maryland	12.30	13.94	15.40	17.34	298.96	286.77	300.92	288.42	14.93	15.63	17.82	18.61	6.57	7.73	7.74	8.49
Dist. of Columbia	14.42	16.48	17.95	19.72	305.47	384.20	379.58	417.51	25.97	26.49	30.23	34.08	12.21	8.67	8.23	9.41
Virginia	9.74	10.64	12.08	13.32	248.77	233.25	297.65	290.14	14.53	14.84	15.80	17.09	5.64	5.84	6.40	6.51
West Virginia	8.10	8.80	9.91	10.90	227.70	240.89	255.14	284.39	12.05	13.14	13.22	14.54	3.94	4.04	4.43	4.61
North Carolina	8.81	9.88	11.15	12.12	266.22	279.54	301.80	282.36	12.08	13.61	13.98	15.72	5.80	5.50	5.92	6.11
South Carolina	8.35	9.17	10.67	12.04	279.45	251.29	268.79	289.47	12.08	13.04	14.97	15.28	4.79	4.94	5.37	5.75
Georgia	9.29	10.43	11.53	12.66	242.67	288.28	278.77	320.84	15.33	16.97	18.43	17.44	4.99	5.41	5.95	6.51
Florida	12.85	14.42	19.04	[1]	314.90	222.47	[1]	327.27	16.67	17.61	20.10	19.21	6.62	6.58	8.99	7.79
East South Central	7.74	8.50	9.51	10.71	244.05	265.94	[1]	323.30	12.11	12.69	14.68	15.06	5.30	5.76	6.21	6.53
Kentucky	8.02	8.98	10.09	11.41	246.62	272.36	270.76	349.80	13.83	14.40	15.59	14.64	5.65	6.08	6.38	6.52
Tennessee	8.09	9.00	10.09	10.85	265.10	271.05	316.21	339.80	11.54	12.24	14.27	15.26	4.67	5.04	5.68	5.59
Alabama	8.86	9.50	10.63	12.03	250.02	278.38	[1]	324.53	12.62	12.50	14.36	14.76	6.49	6.68	7.11	7.29
Mississippi	6.22	6.57	7.36	8.39	203.87	236.66	266.21	260.21	11.41	12.85	15.14	15.50	4.39	5.24	5.76	6.82
West South Central	8.89	9.69	10.81	11.80	268.46	262.21	[1]	[1]	14.62	14.86	16.21	17.99	5.98	6.14	6.79	7.17
Arkansas	7.77	8.54	9.46	10.40	230.01	233.76	265.85	308.25	12.95	14.24	14.98	17.22	4.61	4.73	4.96	5.29
Louisiana	9.01	9.59	10.90	12.13	286.54	315.41	345.41	399.85	17.03	17.38	17.83	20.07	6.32	6.88	7.08	7.77
Oklahoma	8.89	9.76	11.00	11.90	264.53	[1]	[1]	[1]	13.92	14.16	15.39	16.23	5.98	6.61	7.06	7.53
Texas	9.14	9.97	11.05	12.36	273.48	290.54	307.51	338.16	14.80	14.89	16.67	19.00	6.27	6.32	7.24	7.99
West	12.07	13.57	15.50	17.40	305.41	332.07	[1]	[1]	19.45	20.79	22.21	23.45	7.80	8.49	9.12	9.27
Mountain	10.65	11.78	12.96	14.16	288.78	275.05	[1]	370.47	16.18	17.10	17.87	19.28	6.36	7.17	7.91	7.80
Montana	8.97	9.56	10.68	12.54	235.73	265.80	262.16	325.18	20.21	19.96	22.62	22.12	6.67	7.49	6.95	7.17
Idaho	8.44	10.04	10.35	11.46	224.51	257.16	323.30	370.57	17.36	18.05	19.39	18.28	3.44	5.51	7.29	7.63
Wyoming	8.95	10.72	10.66	12.64	248.95	267.67	331.02	329.05	11.22	15.27	15.29	18.57	5.70	6.33	7.21	7.08
Colorado	10.05	10.71	11.75	13.17	268.15	272.45	277.60	330.25	12.77	12.83	13.64	14.84	6.97	7.22	7.80	6.71
New Mexico	9.49	10.16	11.41	12.44	321.08	[1]	[1]	348.71	15.95	16.58	17.04	20.23	7.89	7.82	9.30	8.68
Arizona	11.58	12.83	14.97	16.57	352.48	382.73	393.29	413.01	18.18	18.62	19.48	22.06	6.61	7.27	8.24	9.12
Utah	13.89	15.67	[1]	[1]	226.54	262.27	341.13	334.00	16.26	17.97	18.06	17.05	5.41	6.32	6.34	6.49
Nevada	13.34	16.32	17.46	18.49	347.10	[1]	474.91	538.58	25.27	26.77	25.57	26.77	8.76	8.72	9.62	9.90
Pacific	12.43	14.02	16.15	18.34	310.02	350.97	[1]	[1]	20.46	21.97	23.70	25.01	8.12	8.76	9.37	9.63
Washington	9.77	10.82	12.47	13.75	290.36	320.40	354.47	395.04	16.60	17.79	19.29	21.26	7.13	7.75	8.93	9.20
Oregon	10.29	11.40	13.08	14.38	[1]	[1]	[1]	[1]	14.08	13.45	14.45	15.59	6.40	7.12	7.58	8.25
California	12.98	14.72	16.93	19.24	388.05	444.82	484.41	543.55	22.61	24.84	27.20	28.55	8.44	9.12	9.62	9.85
Alaska	17.03	15.87	21.77	25.59	282.46	[1]	362.38	[1]	22.09	24.70	35.52	24.98	10.27	9.87	11.96	10.71
Hawaii	11.31	12.31	14.31	16.51	291.30	242.44	[1]	[1]	18.75	17.99	16.06	14.01	7.02	7.08	8.13	7.63

[1] Data unreliable. Further study is needed to assess accuracy.

16b. Average Allowed Charge Per Service for Selected Services to the Disabled, by State

1975

The average allowed charge for services to the Disabled showed a similar trend to that of the Aged; average charges were highest in the West for each of the selected services: medical care ($14.01); inpatient surgery ($288.67); diagnostic X-ray ($21.24); and diagnostic laboratory ($7.61). The Northeast showed the second highest average allowed charge per service for all of the selected services except inpatient surgery for which the South ranked second. The South also showed the lowest charge for medical care ($10.12), and diagnostic laboratory ($5.78). For inpatient surgery the lowest average charge was found in the Northeast ($248.94), and the lowest average charge for diagnostic X-ray was in the North Central region ($12.35).

1975-1978

The regional patterns generally showed the same trend for the Disabled as for the Aged—average charges increasing each year. Most States also showed an increase in the average allowed charge per service, with a few exceptions.

TABLE 16b
Medicare: Average Allowed Charge Per Service for Selected Services Rendered to Disabled Persons, by State, 1975-1978

Area of Residence	Medical Care				Inpatient Surgery				Diagnostic X-ray				Diagnostic Laboratory			
	1975	1976	1977	1978	1975	1976	1977	1978	1975	1976	1977	1978	1975	1976	1977	1978
U.S. Total	$11.78	$13.02	$14.59	$15.80	$270.01	$259.52	[1]	[1]	$15.18	$16.04	$18.16	$18.61	$6.47	$ 6.84	$ 7.54	$ 7.92
Northeast	12.78	13.35	15.03	16.66	248.94	253.29	[1]	[1]	17.13	19.41	21.50	22.29	7.59	8.13	9.03	10.39
New England	—	12.46	14.27	15.38	—	217.89	[1]	[1]	—	13.77	16.13	17.50	—	6.87	8.32	9.52
Maine	—	11.35	11.55	13.48	—	248.23	[1]	[1]	—	11.19	12.42	15.61	—	6.02	6.58	13.32
New Hampshire	—	10.67	11.33	13.50	—	190.64	[1]	[1]	—	10.45	12.96	13.46	—	6.55	7.28	9.25
Vermont	—	10.67	11.70	11.77	—	275.30	[1]	[1]	—	11.93	12.46	11.42	—	6.28	9.19	8.24
Massachusetts	—	11.73	15.52	17.07	—	183.27	[1]	[1]	—	13.70	16.02	17.66	—	7.21	11.35	13.10
Rhode Island	—	12.90	14.44	15.35	—	181.95	[1]	257.67	—	19.85	18.36	19.47	—	6.92	7.56	8.61
Connecticut	—	15.63	15.91	15.94	—	346.93	322.70	[1]	—	15.34	18.93	19.68	—	6.58	7.36	7.75
Middle Atlantic	—	13.55	15.14	16.86	—	263.23	279.82	328.37	—	23.25	24.27	24.72	—	8.43	9.14	10.55
New York	—	13.44	14.76	16.33	—	271.40	293.30	336.95	—	24.90	26.90	28.91	—	8.57	9.12	11.03
New Jersey	—	14.92	16.49	18.62	—	283.06	274.20	365.64	—	21.68	22.33	22.20	—	7.03	7.31	7.57
Pennsylvania	—	12.77	14.83	16.49	—	238.60	268.14	290.78	—	21.86	22.56	20.97	—	9.18	10.49	11.80
North Central	11.59	13.17	14.02	14.70	259.28	269.12	[1]	[1]	12.35	13.65	15.51	16.32	5.89	6.07	6.71	6.89
East North Central	—	13.28	14.29	15.00	—	272.77	269.78	223.79	—	12.83	14.89	15.89	—	5.37	6.29	6.45
Ohio	—	10.80	10.93	12.03	—	289.19	286.49	311.05	—	12.85	13.94	15.47	—	3.38	3.83	3.82
Indiana	—	10.00	12.25	11.64	—	217.60	229.60	270.21	—	9.57	14.43	15.56	—	7.58	8.79	7.91
Illinois	—	13.25	14.82	16.33	—	318.26	323.54	[1]	—	14.23	15.90	16.36	—	6.94	7.16	8.21
Michigan	—	[1]	23.89	25.36	—	232.40	230.75	244.89	—	14.17	15.21	15.85	—	7.26	7.96	8.27
Wisconsin	—	11.19	11.81	11.93	—	323.99	319.25	[1]	—	13.76	15.17	16.92	—	5.11	5.99	7.12
West North Central	—	12.91	13.34	13.97	—	258.56	[1]	[1]	—	17.37	17.98	17.85	—	8.68	8.87	8.83
Minnesota	—	19.78	[1]	19.45	—	260.79	305.61	324.69	—	18.28	19.21	20.77	—	9.94	8.74	10.24
Iowa	—	10.90	12.30	11.88	—	217.12	267.14	258.37	—	19.21	19.76	20.69	—	8.24	7.83	9.70
Missouri	—	9.79	12.26	13.08	—	259.81	270.93	332.79	—	13.97	15.77	15.97	—	6.65	7.02	7.14
North Dakota	—	11.04	13.58	15.69	—	224.84	[1]	336.21	—	20.96	24.13	21.16	—	6.64	8.94	11.88
South Dakota	—	[1]	[1]	14.14	—	293.58	[1]	305.12	—	29.01	19.73	16.51	—	23.48	25.67	7.73
Nebraska	—	10.93	11.06	11.81	—	233.70	[1]	[1]	—	19.39	20.36	18.94	—	7.73	7.41	7.75
Kansas	—	13.54	13.52	14.44	—	319.07	[1]	[1]	—	17.15	17.30	17.20	—	8.40	9.47	10.46
South	10.12	11.14	12.37	13.80	280.34	236.92	[1]	278.85	14.07	14.52	16.02	16.76	5.78	5.88	6.38	6.85
South Atlantic	—	12.33	13.67	14.95	—	219.75	[1]	296.56	—	15.35	16.67	17.07	—	6.17	6.69	7.29
Delaware	—	14.73	16.40	21.42	—	229.55	374.56	382.52	—	13.58	16.09	17.26	—	8.93	7.42	8.21
Maryland	—	16.40	18.65	20.01	—	262.02	277.31	248.38	—	14.69	17.48	17.69	—	9.27	9.17	8.99
Dist. of Columbia	—	17.74	19.17	24.74	—	332.47	[1]	[1]	—	24.33	30.82	36.82	—	7.23	7.49	8.23
Virginia	—	10.80	12.12	11.95	—	233.08	278.05	294.30	—	13.71	15.58	17.26	—	5.62	5.96	6.91
West Virginia	—	9.86	10.27	11.50	—	216.21	254.68	298.02	—	12.14	13.97	15.57	—	4.20	4.47	5.42
North Carolina	—	11.15	12.34	14.13	—	258.93	275.32	287.29	—	13.51	14.38	15.13	—	5.92	6.70	6.51
South Carolina	—	11.11	13.03	14.35	—	229.68	253.19	323.26	—	13.21	14.21	15.96	—	4.78	5.43	6.30
Georgia	—	11.03	12.51	14.72	—	268.03	272.35	309.39	—	17.43	18.25	17.63	—	5.42	5.97	6.80
Florida	—	14.92	18.68	[1]	—	[1]	[1]	311.69	—	17.38	18.97	17.71	—	6.53	7.67	7.55
East South Central	—	9.91	10.93	12.13	—	273.15	[1]	340.41	—	12.55	14.21	15.52	—	5.97	6.19	6.20
Kentucky	—	10.54	11.63	12.29	—	297.40	287.83	350.69	—	14.20	15.02	16.29	—	6.04	6.59	6.67
Tennessee	—	9.79	11.15	11.98	—	291.00	327.29	346.82	—	12.11	14.23	15.93	—	5.07	4.95	5.19
Alabama	—	11.45	13.20	14.20	—	261.54	[1]	348.07	—	12.05	13.56	14.36	—	7.03	7.54	6.98
Mississippi	—	7.96	8.52	10.10	—	244.24	273.09	309.42	—	13.16	14.39	15.81	—	6.03	7.33	7.34
West South Central	—	10.31	11.39	12.72	—	247.48	[1]	[1]	—	14.52	16.28	17.40	—	5.47	6.08	6.37
Arkansas	—	9.34	10.27	11.60	—	265.50	301.71	318.16	—	15.41	15.52	17.44	—	4.37	4.60	5.06
Louisiana	—	9.33	10.46	11.07	—	273.61	309.87	316.56	—	17.19	19.55	19.78	—	7.08	6.92	7.85
Oklahoma	—	10.68	11.78	13.89	—	[1]	[1]	[1]	—	14.55	15.28	15.62	—	6.43	6.97	6.76
Texas	—	10.74	12.00	13.46	—	290.18	285.92	305.69	—	13.94	16.41	18.09	—	5.40	6.47	7.18
West	14.01	15.94	18.07	19.88	288.67	298.58	321.32	362.86	21.24	21.20	23.64	23.19	7.61	8.59	9.13	9.68
Mountain	—	13.22	15.19	16.35	—	289.34	280.26	368.74	—	16.72	17.95	18.47	—	6.86	7.57	7.60
Montana	—	11.57	13.22	13.60	—	260.51	293.37	344.10	—	19.15	22.70	20.82	—	7.76	8.46	7.24
Idaho	—	9.70	11.29	13.55	—	232.50	237.48	322.09	—	20.88	28.21	25.42	—	5.95	6.91	7.10
Wyoming	—	12.50	12.19	14.97	—	323.73	316.84	341.58	—	16.05	13.90	14.52	—	6.65	5.65	6.71
Colorado	—	11.74	14.81	16.02	—	238.76	273.67	329.21	—	11.89	12.94	14.81	—	6.01	7.32	6.90
New Mexico	—	10.20	11.29	13.56	—	358.02	387.53	[1]	—	14.61	14.78	16.27	—	6.51	7.51	7.17
Arizona	—	14.96	17.38	18.79	—	331.34	303.09	394.08	—	18.39	18.36	19.58	—	7.39	7.67	8.33
Utah	—	17.86	[1]	[1]	—	247.68	377.82	[1]	—	17.49	19.74	15.05	—	7.96	5.87	6.70
Nevada	—	17.35	20.53	21.34	—	[1]	[1]	568.58	—	21.61	25.09	29.01	—	7.94	8.98	10.89
Pacific	—	16.55	18.66	20.67	—	300.83	[1]	[1]	—	22.60	25.37	24.72	—	8.93	9.43	10.11
Washington	—	12.15	13.08	15.25	—	228.32	267.87	364.73	—	17.91	19.42	19.89	—	8.01	8.70	9.56
Oregon	—	12.45	14.42	15.60	—	[1]	[1]	[1]	—	13.08	14.26	13.46	—	6.85	7.56	7.98
California	—	17.40	19.68	21.75	—	412.62	430.74	477.76	—	25.40	28.85	27.99	—	9.26	9.69	10.38
Alaska	—	22.60	22.96	25.97	—	[1]	[1]	816.00	—	30.84	34.30	32.16	—	8.91	13.42	9.91
Hawaii	—	12.42	13.89	15.20	—	190.06	[1]	[1]	—	17.38	15.85	15.21	—	6.12	7.86	8.04

[1] Data unreliable. Further study is needed to assess accuracy.

Part VI

Medicare Utilization by Place of Service

17a. Aged Persons Receiving Medical Care, by Place of Service and Age, Sex, and Race

1975

Allowed charges for Medical care services were 40 percent of total allowed charges (Table 14a). More than 10 million Aged persons used medical care services in 1975. The highest percent of users received medical care in a doctor's office (40 percent). Another 17 percent received medical care in an inpatient hospital setting; nearly 4 percent in a skilled nursing facility; and about 4 percent in an outpatient hospital setting. (Because an enrollee may have received services in more than one site, percents add to more than the total.) The percentages of Aged enrollees with medical care services at a doctor's office were higher for ages 65-69 through the age group 75-79, and then gradually lower for the groups 80-84 years and 85 and over. For all other places of service the proportions of beneficiaries receiving medical care services were higher for successively older age groups. The most notable difference pertaining to age was for services in skilled nursing facilities, where only 0.8 percent of all enrollees in the 65-69 age group received such care in comparison to 16.2 percent in the 85 and over age group.

1975-1978

A larger proportion of Aged enrollees received medical care services in a doctor's office each year through 1978, reaching 46 percent that year. The percent distributions by age, sex, and race were generally the same during the period.

TABLE 17a
Medicare: Number and Percent of Aged Persons Receiving *Medicare Care*, by Place of Service and Age, Sex, and Race, U.S., 1975-1978

Age, Sex, and Race	All Places		Percent of Enrollees by Place of Service						
	Number	As Percent of Total Enrollees	Doctor's Office	Patient's Home	Inpatient Hospital	Skilled Nursing Facility	Outpatient Hospital	Limited Care Facility	Other
1975									
U.S. Total	10,079,600	46.2	39.9	3.0	17.3	3.6	4.3	.3	.2
Age:									
65-69	2,795,000	38.1	34.9	1.2	12.4	.8	3.5	.2	.1
70-74	2,700,100	46.7	42.4	2.1	16.3	1.7	4.3	.2	.1
75-79	2,095,900	50.2	43.8	3.4	19.0	3.5	4.6	.3	.2
80-84	1,462,000	54.0	43.7	5.7	23.7	7.0	5.3	.4	.5
85 and over	1,026,600	57.5	37.1	8.6	27.4	16.2	5.5	.6	1.0
Sex:									
Men	3,848,300	43.7	37.6	2.5	18.2	2.6	4.4	.3	.2
Women	6,231,300	47.9	41.4	3.4	16.8	4.3	4.2	.3	.3
Race:									
White	9,236,200	47.5	41.1	3.2	17.8	3.7	4.3	.3	.2
Other races	678,100	38.6	31.6	1.2	14.3	2.7	4.6	.2	.2
Unknown	165,300	28.2	22.2	2.7	10.2	4.0	2.2	.1	.2
1976									
U.S. Total	10,918,000	49.0	42.5	2.8	17.9	3.9	4.9	.2	.2
Age:									
65-69	3,322,100	44.2	40.7	1.1	14.2	1.0	4.3	.2	.0
70-74	2,879,100	48.6	44.2	2.0	16.5	2.0	4.8	.2	.1
75-79	2,202,000	52.3	45.8	3.2	19.7	4.0	5.5	.2	.2
80-84	1,499,400	53.8	43.4	5.2	23.2	7.7	5.4	.3	.3
85 and over	1,015,400	54.6	36.0	7.2	25.7	15.6	5.8	.4	.5
Sex:									
Men	4,139,000	46.2	40.1	2.2	18.8	2.7	5.0	.2	.1
Women	6,779,000	50.9	44.2	3.1	17.3	4.7	4.8	.2	.2
Race:									
White	9,953,300	50.1	43.7	2.9	18.4	4.0	4.9	.2	.2
Other races	758,900	41.7	34.8	1.2	14.9	2.8	5.5	.2	.1
Unknown	205,800	34.1	27.4	2.7	10.9	3.9	2.9	.1	.2
1977									
U.S. Total	10,863,200	47.6	41.4	2.4	16.8	3.7	4.9	.1	.1
Age:									
65-69	3,239,700	42.3	39.0	.9	12.8	.9	4.1	.1	.0
70-74	2,863,700	47.1	42.9	1.6	15.4	1.8	4.7	.1	.1
75-80	2,180,200	50.9	44.7	2.7	18.5	3.8	5.2	.1	.1
80-84	1,486,300	52.4	42.6	4.3	21.7	7.1	5.6	.1	.3
85 and over	1,093,300	55.6	37.0	6.8	25.9	15.6	6.4	.2	.5
Sex:									
Men	4,122,100	45.0	39.2	1.9	17.8	2.5	5.0	.1	.1
Women	6,741,100	49.3	42.8	2.7	16.1	4.5	4.8	.1	.2
Race:									
White	9,839,500	48.4	42.3	2.5	17.2	3.8	4.9	.1	.1
Other races	748,000	39.8	33.0	.9	13.8	2.7	5.1	.1	.1
Unknown	275,700	44.3	37.6	2.5	13.9	4.3	4.3	.1	.2
1978									
U.S. Total	12,247,800	52.5	46.1	2.4	17.9	4.0	5.7	.1	.1
Age:									
65-69	3,303,000	42.5	39.5	.8	12.4	.8	4.4	.0	.1
70-74	3,283,300	52.7	48.5	1.5	16.5	1.7	5.5	.0	.1
75-79	2,546,500	58.0	52.2	2.7	20.1	3.6	6.3	.1	.1
80-84	1,755,000	61.0	50.8	4.5	24.2	7.8	7.1	.2	.1
85 and over	1,360,000	65.8	44.8	7.6	29.9	17.9	7.9	.4	.1
Sex:									
Men	4,674,100	50.0	44.1	1.9	19.0	2.7	5.8	.1	.1
Women	7,573,700	54.1	47.5	2.7	17.2	4.8	5.6	.1	.1
Race:									
White	11,076,700	53.4	47.1	2.5	18.2	4.1	5.7	.1	.1
Other races	840,200	43.1	36.3	1.0	14.8	2.8	6.0	.1	.1
Unknown	330,900	51.5	44.5	2.8	18.0	3.9	5.9	.1	.0

17b. Disabled Persons Receiving Medical Care, by Place of Service and Age, Sex, and Race

1975

About 686,000 Disabled persons or 35 percent of all enrollees used medical care services in 1975. About 30 percent of the enrollees received medical care in a doctor's office compared to about 40 percent of the Aged. The proportion of Disabled persons receiving medical care services in the inpatient hospital setting—16 percent, was similar to that for the Aged—17 percent. The percentage of Disabled persons with medical care services in the outpatient hospital setting—6 percent—was slightly higher than that for the Aged—4 percent.

1975-1978

By 1978, the percentage of Disabled users receiving medical care in a doctor's office rose to 40 percent. By age group, the proportions of persons receiving medical care in a doctor's office and in an inpatient hospital setting were twice as large for the 45-64 age group, as for the under 25 age group. These patterns persisted through 1978.

TABLE 17b

Medicare: Number and Percent of Disabled Persons Receiving *Medical Care*, by Place of Service and Age, Sex, and Race, U.S., 1975-1978

Age, Sex, and Race	All Places		Percent of Enrollees by Place of Service						
	Number	As Percent of Total Enrollees	Doctor's Office	Patient's Home	Inpatient Hospital	Skilled Nursing Facility	Outpatient Hospital	Limited Care Facility	Other
1975									
U.S. Total	685,800	35.3	29.6	1.2	16.2	1.6	5.7	.2	.2
Age:									
Under 25	—	—	—	—	—	—	—	—	—
25-44	—	—	—	—	—	—	—	—	—
45-64	—	—	—	—	—	—	—	—	—
Sex:									
Men	—	—	—	—	—	—	—	—	—
Women	—	—	—	—	—	—	—	—	—
Race:									
White	—	—	—	—	—	—	—	—	—
Other races	—	—	—	—	—	—	—	—	—
Unknown	—	—	—	—	—	—	—	—	—
1976									
U.S. Total	912,600	42.6	36.2	1.3	18.3	2.1	7.1	.2	.2
Age:									
Under 25	14,720	25.3	19.6	.6	10.5	1.0	6.6	.3	.3
25-44	144,440	32.3	26.3	1.1	13.5	2.0	7.2	.2	.3
45-64	753,440	46.0	39.6	1.4	19.9	2.2	7.1	.2	.2
Sex:									
Men	506,140	37.9	31.4	1.1	17.2	1.8	6.5	.1	.2
Women	406,460	50.4	44.2	1.6	20.2	2.6	8.2	.2	.3
Race:									
White	783,380	44.2	37.9	1.4	19.3	2.3	7.1	.1	.2
Other races	120,880	36.0	28.8	.7	14.2	1.4	7.6	.4	.3
Unknown	8,340	25.4	19.9	.9	9.6	.9	4.3	.2	.2
1977									
U.S. Total	972,980	41.5	35.4	1.2	17.0	1.9	7.1	.2	.2
Age:									
Under 25	16,000	24.5	19.1	.6	10.1	.9	6.8	.4	.5
25-44	157,280	31.7	26.1	1.0	12.5	1.9	7.3	.3	.3
45-64	799,700	44.8	38.6	1.2	18.6	1.9	7.1	.2	.1
Sex:									
Men	538,860	36.9	30.8	1.0	15.9	1.6	6.7	.2	.1
Women	434,120	48.9	43.1	1.5	18.9	2.3	7.7	.3	.2
Race:									
White	826,320	42.7	36.9	1.3	17.8	2.0	7.0	.2	.2
Other races	132,980	35.5	28.4	.7	13.7	1.2	7.7	.5	.2
Unknown	13,680	35.1	29.9	1.0	13.6	1.5	5.4	.2	.2
1978									
U.S. Total	1,156,040	46.0	39.6	1.2	18.4	2.0	8.6	.3	.2
Age:									
Under 25	16,980	24.9	19.2	.6	10.0	1.0	7.5	.6	.3
25-44	187,500	34.9	28.7	1.1	13.3	2.0	8.6	.4	.2
45-64	951,560	49.9	43.5	1.3	20.1	2.1	8.7	.2	.1
Sex:									
Men	639,300	40.9	34.3	1.0	17.1	1.7	8.1	.2	.1
Women	516,740	54.4	48.4	1.6	20.4	2.5	9.4	.4	.2
Race:									
White	978,820	47.5	41.3	1.3	19.0	2.2	8.5	.2	.2
Other races	158,400	39.1	31.4	.7	15.2	1.3	9.3	.6	.2
Unknown	18,820	43.6	37.1	1.3	18.1	1.9	8.4	.1	.2

18a. Physicians' Allowed Charges to the Aged for Medical Care and Percent Distribution by Place of Service and by Age, Sex, and Race

1975

Physicians' allowed charges to the Aged for medical care services in 1975 were $1.6 billion. Nearly half, 48.8 percent, of these charges were for inpatient hospital services and 43.5 percent were for services rendered in a doctor's office.

The proportions of allowed charges for medical care in a hospital were higher for older age groups, ranging from 45.2 percent for persons 65-69 years of age to 55.5 percent for persons 85 years and over. Men had a higher percentage of charges for medical care in a hospital (53.5 percent) than did women (45.8 percent). There was little difference by race.

1975-1978

The distribution of allowed charges for medical care to the Aged by place of service remained fairly constant during the period 1975 through 1978. There was a decline in the percentage of charges in the patients' homes, dropping from 2.4 percent in 1975 to 1.7 percent in 1978.

TABLE 18a
Medicare: Physicians' Allowed Charges for *Medical Care* and Percent Distribution by Place of Service, and by Age, Sex, and Race, U.S., 1975-1978

Age, Sex, and Race	All Places		Percent Distribution of Allowed Charges						
	Amount (millions)	Percent	Doctor's Office	Patient's Home	Inpatient Hospital	Skilled Nursing Facility	Outpatient Hospital	Limited Care Facility	Other
1975									
U.S. Total	$1,605.7	100.0	43.5	2.4	48.8	3.6	1.4	.1	.2
Age:									
65-69	406.2	100.0	50.4	1.1	45.2	1.1	1.9	.1	.2
70-74	422.2	100.0	48.4	1.5	46.9	1.7	1.3	.1	.2
75-79	342.2	100.0	44.6	2.3	48.4	3.1	1.3	.1	.2
80-84	257.1	100.0	35.9	3.7	53.7	5.2	1.2	.1	.2
85 and over	178.0	100.0	24.8	5.8	55.5	12.2	1.1	.3	.3
Sex:									
Men	631.6	100.0	40.5	1.7	53.5	2.5	1.5	.2	.2
Women	974.1	100.0	45.4	2.8	45.8	4.3	1.4	.1	.2
Race:									
White	1,475.7	100.0	43.6	2.4	48.8	3.5	1.4	.1	.2
Other races	105.7	100.0	43.0	1.2	49.6	3.7	2.1	.1	.2
Unknown	24.4	100.0	38.2	4.1	49.4	7.0	1.1	.1	.1
1976									
U.S. Total	$1,838.6	100.0	43.6	1.9	48.9	3.6	1.7	.1	.2
Age:									
65-69	515.1	100.0	50.0	.8	45.6	1.1	2.1	.1	.2
70-74	477.7	100.0	48.3	1.3	46.7	1.9	1.6	.1	.1
75-79	381.9	100.0	43.7	1.9	49.2	3.2	1.7	.1	.1
80-84	277.8	100.0	35.8	3.2	53.4	6.1	1.3	.1	.2
85 and over	186.1	100.0	25.2	4.9	55.9	12.4	1.3	.2	.2
Sex:									
Men	715.3	100.0	40.8	1.4	53.2	2.4	1.8	.1	.2
Women	1,123.3	100.0	45.4	2.2	46.1	4.4	1.6	.1	.2
Race:									
White	1,683.0	100.0	43.7	2.0	48.9	3.6	1.6	.1	.2
Other races	126.2	100.0	43.6	.8	48.4	3.4	3.4	.1	.2
Unknown	29.4	100.0	39.1	3.1	49.7	6.5	1.3	.1	.1
1977									
U.S. Total	$1,923.7	100.0	44.4	1.8	48.2	3.6	1.8	.1	.1
Age:									
65-69	512.8	100.0	52.1	.7	43.9	1.0	2.1	.1	.1
70-74	498.2	100.0	49.5	1.2	45.5	1.8	1.7	.2	.1
75-80	405.4	100.0	44.3	1.8	48.8	3.2	1.8	.1	.1
80-84	291.4	100.0	36.5	2.6	53.8	5.4	1.5	.1	.1
85 and over	216.0	100.0	25.4	4.7	56.3	11.8	1.5	.2	.1
Sex:									
Men	749.1	100.0	41.8	1.3	52.5	2.3	1.9	.1	.1
Women	1,174.6	100.0	46.0	2.1	45.6	4.3	1.7	.1	.1
Race:									
White	1,747.7	100.0	44.5	1.9	48.2	3.5	1.7	.1	.1
Other races	132.3	100.0	43.7	.6	48.6	3.3	3.5	.2	.1
Unknown	43.7	100.0	42.1	2.4	48.8	4.7	1.6	.2	.2
1978									
U.S. Total	$2,401.2	100.0	43.9	1.7	48.9	3.4	1.8	.1	.1
Age:									
65-69	580.1	100.0	50.9	.6	45.3	.9	2.1	.1	.1
70-74	623.7	100.0	49.3	1.2	45.8	1.6	1.9	.1	.1
75-79	515.6	100.0	45.1	1.5	48.6	2.7	1.8	.1	.1
80-84	376.7	100.0	37.4	2.4	53.2	5.3	1.7	.0	.0
85 and over	305.1	100.0	25.3	4.5	57.7	10.8	1.5	.1	.0
Sex:									
Men	944.2	100.0	41.4	1.3	52.9	2.3	1.9	.1	.1
Women	1,457.0	100.0	45.5	2.0	46.4	4.2	1.8	.1	.1
Race:									
White	2,166.5	100.0	44.1	1.8	48.8	3.4	1.7	.1	.1
Other races	171.1	100.0	42.1	1.0	49.9	3.3	3.4	.2	.1
Unknown	63.6	100.0	42.5	2.3	49.8	3.4	1.9	.0	.0

18b. Physicians' Allowed Charges to the Disabled for Medical Care and Percent Distribution by Place of Service and by Age, Sex, and Race

1975

Physicians' allowed charges to the Disabled for medical care services in 1975 were $146.9 million. Similar to the Aged, most of the charges in 1975 were for inpatient hospital services (53.0 percent) and for services in a doctor's office (35.8 percent). The percentage of allowed charges for medical care in an outpatient hospital setting was considerably higher for Disabled persons, 7.1 percent, than for the Aged, 1.4 percent.

1975-1978

The percent distribution of allowed charges for medical care during the period showed a small increase in every setting except the inpatient hospital one which declined about 3 percentage points.

TABLE 18b
Medicare: Physicians' Allowed Charges for *Medical Care* to the Disabled and Percent Distribution by Place of Service, and by Age, Sex, and Race, U.S., 1975-1978

Age, Sex, and Race	All Places		Percent Distribution of Allowed Charges						
	Amount (millions)	Percent	Doctor's Office	Patient's Home	Inpatient Hospital	Skilled Nursing Facility	Outpatient Hospital	Limited Care Facility	Other
1975									
U.S. Total	$146.9	100.0	35.8	1.2	53.0	1.4	7.1	1.1	.4
Age:									
Under 25	—	—	—	—	—	—	—	—	—
25-44	—	—	—	—	—	—	—	—	—
45-64	—	—	—	—	—	—	—	—	—
Sex:									
Men	—	—	—	—	—	—	—	—	—
Women	—	—	—	—	—	—	—	—	—
Race:									
White	—	—	—	—	—	—	—	—	—
Other races	—	—	—	—	—	—	—	—	—
Unknown	—	—	—	—	—	—	—	—	—
1976									
U.S. Total	$206.1	100.0	36.7	1.6	50.4	1.7	7.8	1.3	.5
Age:									
Under 25	5.3	100.0	24.3	1.9	47.8	.9	22.1	1.7	1.3
25-44	37.9	100.0	31.7	2.8	47.5	1.8	13.0	2.3	.9
45-64	162.9	100.0	38.2	1.4	51.2	1.7	6.1	1.1	.4
Sex:									
Men	111.4	100.0	33.5	1.8	53,2	1.6	8.2	1.4	.4
Women	94.7	100.0	40.4	1.4	47.1	1.7	7.3	1.3	.6
Race:									
White	173.0	100.0	37.6	1.6	51.7	1.7	6.0	1.0	.3
Other races	31.3	100.0	32.6	1.6	43.3	1.3	17.1	2.8	1.3
Unknown	1.8	100.0	21.8	2.7	48.5	.5	18.3	7.1	1.0
1977									
U.S. Total	$232.3	100.0	37.5	1.7	49.5	1.6	7.6	1.7	.5
Age:									
Under 25	6.0	100.0	23.1	2.2	47.5	.6	21.3	3.8	1.5
25-44	43.8	100.0	33.1	2.7	46.7	1.8	11.7	3.1	1.0
45-64	182.5	100.0	39.0	1.4	50.2	1.6	6.2	1.3	.3
Sex:									
Men	124.0	100.0	34.4	1.9	51.6	1.6	8.4	1.8	.4
Women	108.3	100.0	41.0	1.4	47.0	1.6	6.7	1.6	.6
Race:									
White	192.2	100.0	38.5	1.7	50.5	1.7	6.1	1.2	.3
Other races	37.3	100.0	32.6	1.6	43.8	1.1	15.2	4.4	1.2
Unknown	2.8	100.0	31.8	2.0	50.9	1.5	11.8	1.2	.7
1978									
U.S. Total	$303.3	100.0	36.8	1.5	49.9	1.6	7.8	2.0	.3
Age:									
Under 25	6.7	100.0	23.9	1.6	46.0	.6	22.1	4.2	1.6
25-44	57.8	100.0	31.9	2.8	47.0	1.7	12.5	3.5	.6
45-64	238.8	100.0	38.3	1.2	50.8	1.6	6.3	1.5	.3
Sex:									
Men	161.4	100.0	33.8	1.6	52.1	1.6	8.5	2.2	.2
Women	141.9	100.0	40.2	1.4	47.5	1.7	7.0	1.7	.5
Race:									
White	248.4	100.0	37.9	1.5	51.2	1.7	6.2	1.3	.3
Other races	50.2	100.0	31.5	1.5	44.0	1.4	15.4	5.5	.8
Unknown	4.8	100.0	36.6	2.2	47.8	1.6	11.3	.1	.4

Part VII

Use and Costs of Services by Physician Specialty

19a. Number of Reimbursed Aged Users, by Physician Specialty, and by Age, Sex, Race, and Census Region

1975

There were 10.7 million Aged users or 492 persons per 1,000 enrollees who received physicians' services. General practitioners had 219 users per 1,000 enrollees, followed by internists with 217 users per 1,000 enrollees. The rate of users in 1975 was lowest for chiropractors—10 users per 1,000 enrollees.

For nearly all specialties, the number of Aged users per 1,000 enrollees who received reimbursements was gradually higher for successively older age groups. The rate was higher for women than for men for most specialties. Men had higher rates for the specialties of cardiovascular disease, urology, and anesthesiology. For every specialty, the rate for white persons per 1,000 enrollees was higher than for all other races. (For a full discussion of physicians' services by specialty see Pine, *et al.*, 1981.)

1975-1978

The rate of reimbursed users for all physicians increased 13 percent to 554 per 1,000 enrollees by 1978. There were increases for every selected specialty except general practice which decreased. The rate of use of family practitioners more than doubled during this period (from 27 to 65 reimbursed users per 1,000 enrollees), no doubt accounting for much of the decline in general practitioner users. Variations by age, sex, race, and census region were similar throughout the period.

TABLE 19a
Medicare: Total Number of Reimbursed Aged Persons and Rate Per 1,000 Enrollees, by Physician Specialty, and by Age, Sex, Race, and Census Region, U.S., 1975-1978

Physician Specialty	Number of Persons (thousands)	Persons Receiving Reimbursements Per 1,000 Enrollees													
		U.S. Total	Age					Sex		Race		Census Region			
			65-69	70-74	75-79	80-84	85+	Men	Women	White	Other	NE	NC	South	West
								1975							
All Physicians[1]	10,729	492	409	497	531	571	609	468	508	504	419	515	448	476	567
General Practice (GP)	4,769	219	170	217	240	268	301	201	231	223	202	187	191	244	267
Family Practice (FP)	585	27	21	27	29	33	37	25	28	27	26	34	30	25	13
Internal Medicine (IM)	4,740	217	178	225	240	251	252	208	224	224	168	263	180	202	242
Cardiovascular Disease (CD)	674	31	27	31	33	35	35	34	29	32	25	34	30	25	38
Dermatology (DER)	675	31	27	34	34	33	29	32	30	33	12	30	18	33	49
General Surgery (GS)	2,076	95	82	99	100	106	112	94	96	98	75	103	90	95	94
Oto/Laryn/Rhin (OLR)	688	32	27	35	34	35	28	31	32	34	14	36	21	28	49
Ophthalmology (OPH)	2,050	94	66	100	116	120	97	79	104	99	56	123	62	83	126
Orthopedic Surgery (ORS)	980	44	37	44	47	51	55	32	52	47	20	50	33	43	56
Urology (U)	990	45	36	51	51	50	46	72	27	47	32	47	36	48	54
Anesthesiology (AN)[2]	1,087	50	44	52	52	56	53	58	45	52	32	54	45	43	66
Pathology (P)[2]	485	22	19	23	24	26	25	23	22	23	17	9	20	37	18
Radiology (R)[2]	2,905	133	113	138	144	147	155	131	135	137	109	109	122	155	149
Chiropractic (CH)	220	10	11	12	9	8	5	10	10	11	4	9	9	8	18
Podiatry (POD)	855	39	22	34	46	59	82	26	48	40	30	73	21	25	46
Multi-Specialty (M)	1,249	57	49	59	63	63	65	57	57	59	51	28	70	54	86
Unknown	623	29	21	27	32	37	43	29	28	30	15	44	40	12	18
All other (residual)	1,914	88	81	92	94	93	82	78	94	91	68	107	70	85	95

(continued)

TABLE 19a (Continued)
Medicare: Total Number of Reimbursed Aged Persons and Rate Per 1,000 Enrollees, by Physician Specialty, and by Age, Sex, Race, and Census Region, U.S., 1975-1978

Physician Specialty	Number of Persons (thousands)	Persons Receiving Reimbursements Per 1,000 Enrollees													
		U.S. Total	Age					Sex		Race		Census Region			
			65-69	70-74	75-79	80-84	85+	Men	Women	White	Other	NE	NC	South	West
								1976							
All Physicians[1]	11,476	515	469	510	547	563	573	489	532	526	442	545	469	498	582
General Practice (GP)	4,675	210	177	203	228	246	266	192	221	213	196	177	185	232	259
Family Practice (FP)	962	43	38	42	46	50	53	40	45	44	45	47	34	61	19
Internal Medicine (IM)	4,977	223	201	227	242	242	232	213	230	230	171	274	182	209	243
Cardiovascular Disease (CD)	650	29	27	30	31	32	26	32	27	30	23	41	20	26	34
Dermatology (DER)	720	32	31	34	35	31	27	34	31	35	10	32	20	35	48
General Surgery (GS)	2,161	97	90	100	103	102	98	96	98	100	75	105	91	99	92
Oto/Laryn/Rhin (OLR)	719	32	31	35	34	32	25	31	33	34	14	37	21	29	49
Ophthalmology (OPH)	2,240	100	79	105	124	122	91	84	112	106	60	132	68	88	132
Orthopedic Surgery (ORS)	1,017	46	41	45	49	50	52	32	55	48	20	52	35	45	56
Urology (U)	1,036	47	41	50	52	50	40	76	27	48	33	49	37	50	52
Anesthesiology (AN)[2]	1,161	52	49	54	54	54	51	61	46	54	36	57	45	47	66
Pathology (P)[2]	526	24	22	24	26	24	24	25	23	25	17	9	18	43	17
Radiology (R)[2]	3,304	148	138	148	157	157	159	147	149	153	118	125	133	173	160
Chiropractic (CH)	236	11	13	12	10	7	4	10	11	11	3	9	10	8	19
Podiatry (POD)	943	42	26	36	50	63	83	27	52	44	32	82	22	25	49
Multi-Specialty (M)	1,256	56	54	57	59	58	57	55	57	58	49	31	76	41	90
Unknown	467	21	17	20	22	27	29	21	21	22	10	25	35	8	16
All other (residual)	2,100	94	93	99	97	93	81	85	100	97	75	117	72	91	102
								1977							
All Physicians[1]	11,934	523	470	518	557	571	603	500	539	533	434	552	486	490	607
General Practice (GP)	4,322	189	158	183	206	220	251	175	199	192	165	162	184	184	253
Family Practice (FP)	1,181	52	44	50	56	58	67	47	55	53	44	51	43	67	37
Internal Medicine (IM)	5,212	228	199	232	250	251	253	220	234	235	173	276	193	209	256
Cardiovascular Disease (CD)	742	33	29	33	36	36	32	37	29	33	27	43	24	28	41
Dermatology (DER)	804	35	33	38	37	34	32	37	24	38	11	34	22	36	58
General Surgery (GS)	2,109	92	84	92	98	101	99	93	92	95	71	102	88	88	95
Oto/Laryn/Rhin (OLR)	761	33	31	36	36	33	28	33	34	35	13	38	24	28	52
Ophthalmology (OPH)	2,414	106	80	113	129	128	104	87	118	111	57	136	74	88	147
Orthopedic Surgery (ORS)	1,056	46	41	45	49	51	57	32	56	49	20	53	37	43	60
Urology (U)	1,072	47	40	50	53	51	45	77	27	49	32	50	38	48	57
Anesthesiology (AN)[2]	1,215	53	49	54	56	56	59	63	47	55	36	59	46	43	75
Pathology (P)[2]	532	23	21	24	25	25	26	24	23	24	16	9	18	40	20
Radiology (R)[2]	3,538	155	140	154	167	167	175	155	155	159	122	136	147	163	182
Chiropractic (CH)	261	11	14	12	12	8	5	11	12	12	3	8	12	8	22
Podiatry (POD)	1,047	46	26	39	52	70	94	30	56	47	33	86	26	26	57
Multi-Specialty (M)	1,338	59	53	59	63	64	65	58	59	59	50	35	83	34	101
Unknown	484	21	17	20	23	25	31	21	21	23	11	20	36	11	18
All other (residual)	2,230	98	94	102	103	99	88	90	103	101	70	124	77	87	115
								1978							
All Physicians[1]	12,938	554	453	555	609	642	693	531	570	564	458	582	527	523	620
General Practice (GP)	4,577	196	149	191	220	241	279	183	205	199	165	159	199	199	241
Family Practice (FP)	1,508	65	51	64	70	77	90	59	68	66	51	64	58	78	49
Internal Medicine (IM)	5,801	249	198	251	281	291	302	239	255	255	190	298	215	233	260
Cardiovascular Disease (CD)	892	38	32	39	42	44	43	45	34	38	32	51	27	34	46
Dermatology (DER)	888	38	32	41	43	40	38	40	37	41	11	37	24	41	58
General Surgery (GS)	2,270	97	81	100	107	110	112	98	97	99	74	105	94	96	92
Oto/Laryn/Rhin (OLR)	854	37	31	39	41	41	32	36	37	39	16	42	27	33	51
Ophthalmology (OPH)	2,787	119	81	124	151	156	132	100	133	125	67	150	88	106	152
Orthopedic Surgery (ORS)	1,174	50	42	49	54	60	66	35	60	53	22	57	40	49	60
Urology (U)	1,180	51	38	54	61	59	54	83	29	52	35	52	43	52	58
Anesthesiology (AN)[2]	1,324	57	48	58	63	63	64	66	50	59	38	61	53	49	72
Pathology (P)[2]	702	30	24	31	34	33	36	31	29	31	23	10	25	54	23
Radiology (R)[2]	4,130	177	145	178	196	201	221	176	178	181	138	160	173	185	193
Chiropractic (CH)	330	14	15	17	15	11	6	14	14	15	3	10	15	11	25
Podiatry (POD)	1,206	52	27	43	59	81	117	33	64	53	37	94	32	32	61
Multi-Specialty (M)	1,469	63	52	62	70	74	76	63	63	63	53	41	92	34	104
Unknown	487	21	15	20	23	27	33	21	21	22	12	22	31	13	19
All other (residual)	2,555	109	95	116	119	117	114	101	115	112	85	135	94	97	121

[1] Total excludes suppliers.
[2] Data for hospital-based physicians are incomplete because of billing and reimbursement procedures. (See Appendix A for more detail.)

19b. Number of Reimbursed Disabled Users, by Physician Specialty, and by Age, Sex, Race, and Census Region

1975

About 738,000 Disabled users or 379 persons per 1,000 enrollees received physicians' services. General practitioners had the highest rate at 164 users per 1,000 enrollees, closely followed by internists with 163 users per 1,000 enrollees. The rate of users was lowest for chiropractors—8 per 1,000 enrollees.

1975-1978

The rate of users among the Disabled rose 29 percent to 490 persons per 1,000 enrollees in 1978 compared to a 13 percent increase for the Aged. Similar to the Aged, the rate of users per 1,000 enrollees for every type of physician generally was higher for older age groups. The rates were higher for women than for men, with the exceptions of care by physicians in cardiovascular disease and urology, where the rates were similar. For every specialty, the rate of white users per 1,000 enrollees was higher than that for all other races. Also similar to the Aged, general practitioners had a decrease in users during this period while the rate for family practitioners almost doubled.

TABLE 19b
Medicare: Total Number of Reimbursed Disabled Persons and Rate Per 1,000 Enrollees, by Physician Specialty, and by Age, Sex, Race, and Census Region, U.S., 1975-1978

Physician Specialty	Number of Persons (thousands)	Persons Receiving Reimbursements Per 1,000 Enrollees											
		U.S. Total	Age			Sex		Race		Census Region			
			Under 25	25-44	45-64	Men	Women	White	Other	NE	NC	South	West
							1975						
All Physicians[1]	737,800	379	—	—	—	—	—	—	—	366	364	360	466
General Practice (GP)	318,100	164	—	—	—	—	—	—	—	—	—	—	—
Family Practice (FP)	44,100	23	—	—	—	—	—	—	—	—	—	—	—
Internal Medicine (IM)	317,800	163	—	—	—	—	—	—	—	—	—	—	—
Cardiovascular Disease (CD)	55,800	29	—	—	—	—	—	—	—	—	—	—	—
Dermatology (DER)	28,900	15	—	—	—	—	—	—	—	—	—	—	—
General Surgery (GS)	149,600	77	—	—	—	—	—	—	—	—	—	—	—
Oto/Laryn/Rhin (OLR)	35,700	18	—	—	—	—	—	—	—	—	—	—	—
Ophthalmology (OPH)	68,800	35	—	—	—	—	—	—	—	—	—	—	—
Orthopedic Surgery (ORS)	81,600	42	—	—	—	—	—	—	—	—	—	—	—
Urology (U)	62,900	32	—	—	—	—	—	—	—	—	—	—	—
Anesthesiology (AN)[2]	88,000	45	—	—	—	—	—	—	—	—	—	—	—
Pathology (P)[2]	37,800	19	—	—	—	—	—	—	—	—	—	—	—
Radiology (R)[2]	214,200	110	—	—	—	—	—	—	—	—	—	—	—
Chiropractic (CH)	16,000	8	—	—	—	—	—	—	—	—	—	—	—
Podiatry (POD)	30,100	15	—	—	—	—	—	—	—	—	—	—	—
Multi-Specialty (M)	104,300	54	—	—	—	—	—	—	—	—	—	—	—
Unknown	40,800	21	—	—	—	—	—	—	—	—	—	—	—
All other (residual)	200,000	103	—	—	—	—	—	—	—	—	—	—	—

(continued)

TABLE 19b (Continued)
Medicare: Total Number of Reimbursed Disabled Persons and Rate Per 1,000 Enrollees, by Physician Specialty, and by Age, Sex, Race, and Census Region, U.S., 1975-1978

Physician Specialty	Number of Persons (thousands)	Persons Receiving Reimbursements Per 1,000 Enrollees											
		U.S. Total	Age			Sex		Race		Census Region			
			Under 25	25-44	45-64	Men	Women	White	Other	NE	NC	South	West
							1976						
All Physicians[1]	970,320	453	282	350	487	405	532	467	392	442	438	427	540
General Practice (GP)	374,840	175	86	127	191	154	210	182	146	127	157	188	233
Family Practice (FP)	77,940	36	22	27	39	32	43	38	31	33	35	46	21
Internal Medicine (IM)	404,120	189	81	114	213	164	230	196	157	217	174	171	208
Cardiovascular Disease (CD)	66,760	31	7	15	36	31	31	32	24	38	26	27	38
Dermatology (DER)	41,140	19	10	15	21	15	26	21	11	19	14	17	31
General Surgery (GS)	181,820	85	49	65	92	75	101	89	69	85	82	86	85
Oto/Laryn/Rhin (OLR)	48,280	23	13	15	25	18	30	25	12	23	18	19	37
Ophthalmology (OPH)	90,940	42	14	23	49	31	61	44	34	54	30	35	61
Orthopedic Surgery (ORS)	105,680	49	24	43	52	37	70	53	32	48	37	47	72
Urology (U)	73,500	34	25	25	37	35	33	37	23	33	29	36	39
Anesthesiology (AN)[2]	108,200	50	35	41	54	44	61	54	37	50	50	44	67
Pathology (P)[2]	52,460	24	15	19	26	22	29	25	21	7	22	40	16
Radiology (R)[2]	299,020	140	87	104	151	124	166	145	117	98	133	162	152
Chiropractic (CH)	19,420	9	1	6	10	7	12	10	3	7	8	6	21
Podiatry (POD)	48,640	23	7	13	26	16	33	23	21	44	18	11	29
Multi-Specialty (M)	131,920	62	50	51	65	55	72	63	54	32	90	43	100
Unknown	38,880	18	9	16	19	17	20	20	10	24	28	9	16
All other (residual)	269,620	126	119	134	124	102	166	131	103	135	115	111	160
							1977						
All Physicians[1]	1,071,780	457	284	354	492	410	533	470	397	456	454	414	556
General Practice (GP)	371,160	158	77	116	173	139	189	164	131	115	163	151	223
Family Practice (FP)	99,720	42	26	32	46	38	50	45	31	36	42	49	37
Internal Medicine (IM)	446,440	190	75	119	214	165	231	197	161	221	181	169	210
Cardiovascular Disease (CD)	81,880	35	8	17	41	34	36	36	29	46	29	28	45
Dermatology (DER)	46,440	20	16	16	21	16	26	21	12	18	15	17	35
General Surgery (GS)	194,360	83	48	60	90	71	102	86	68	84	83	81	87
Oto/Laryn/Rhin (OLR)	53,820	23	13	17	25	19	30	25	13	24	19	18	37
Ophthalmology (OPH)	103,780	44	17	25	51	33	62	46	36	57	34	34	65
Orthopedic Surgery (ORS)	115,640	49	26	40	53	38	68	53	32	49	41	44	74
Urology (U)	80,640	34	21	25	37	36	32	37	24	33	31	34	43
Anesthesiology (AN)[2]	116,400	50	36	39	53	44	59	52	37	51	48	40	71
Pathology (P)[2]	57,620	25	22	19	26	22	29	26	20	9	21	39	20
Radiology (R)[2]	345,880	147	83	111	160	131	174	152	125	117	145	155	174
Chiropractic (CH)	22,780	10	2	7	11	8	13	11	3	7	9	6	23
Podiatry (POD)	56,900	24	7	15	27	17	36	25	23	45	19	10	35
Multi-Specialty (M)	151,640	65	52	55	68	58	76	66	58	38	97	35	119
Unknown	44,260	19	13	16	20	18	20	21	12	21	26	14	17
All other (residual)	307,960	131	124	143	128	107	171	136	109	145	123	109	174
							1978						
All Physicians[1]	1,230,620	490	276	381	528	439	573	504	423	492	499	447	569
General Practice (GP)	416,140	166	66	118	183	145	199	171	137	114	178	167	212
Family Practice (FP)	134,480	54	28	39	59	47	64	58	35	47	56	58	49
Internal Medicine (IM)	521,460	208	81	125	235	178	256	214	179	241	203	189	212
Cardiovascular Disease (CD)	101,520	40	11	18	48	40	41	42	33	49	34	36	49
Dermatology (DER)	54,860	22	13	18	23	18	29	23	14	22	16	20	34
General Surgery (GS)	217,560	87	50	63	95	76	104	90	71	92	87	87	79
Oto/Laryn/Rhin (OLR)	64,860	26	16	21	27	21	34	28	16	28	22	22	37
Ophthalmology (OPH)	123,320	49	15	27	56	36	70	51	38	62	39	39	69
Orthopedic Surgery (ORS)	134,640	54	21	43	58	42	73	57	36	56	45	49	73
Urology (U)	90,600	36	20	25	40	37	34	38	25	35	33	37	41
Anesthesiology (AN)[2]	132,780	53	37	41	57	47	62	55	41	56	52	45	67
Pathology (P)[2]	78,560	31	21	25	33	27	38	32	27	10	30	49	22
Radiology (R)[2]	421,880	168	91	126	183	150	198	173	146	143	170	179	175
Chiropractic (CH)	28,360	11	2	8	12	9	14	13	3	8	11	8	23
Podiatry (POD)	67,840	27	7	18	30	19	40	28	23	46	26	12	38
Multi-Specialty (M)	176,820	70	48	60	74	63	82	72	62	43	108	37	126
Unknown	51,020	20	15	17	21	19	22	22	16	25	24	16	20
All other (residual)	372,100	148	128	164	145	120	194	154	124	164	149	123	182

[1] Total excludes suppliers.
[2] Data for hospital-based physicians are incomplete because of billing and reimbursement procedures. (See Appendix A for more detail.)

20a. Average Number of Services Per User for the Aged, by Physician Specialty, and by Age, Sex, Race, and Census Region

1975

An average of 21.9 services were received per user for all physicians combined, with a range of 2.9 services per user from ophthalmologists to 12.9 services per user from internists. The number of services per user from general practitioners (12.7) was nearly equal to the rate for internists. For the most frequently used specialties—general practice, internal medicine, family practice, and general surgery, the numbers of reimbursed services per user were slightly higher for older age groups; the other selected specialties showed little variation by age. The average number of services received per user for most of the specialties was slightly higher for men than for women. White and all other races had similar averages per user.

1975-1978

During the period 1975 through 1978, the average number of services per user for all physicians fluctuated, ending at 21.4 services per user in 1978; family practice and pathology were the only selected specialties showing an increase in the average number of services per user. Variations by age, sex, race, and census region were similar during the period.

TABLE 20a
Medicare: Number of Reimbursed Services and Average Number of Services Per Reimbursed User for the Aged, by Physician Specialty, and by Age, Sex, Race, and Census Region, U.S., 1975-1978

Physician Specialty	Number of Services (thousands)	Services Per Reimbursed User													
		U.S. Total	Age					Sex		Race		Census Region			
			65-69	70-74	75-79	80-84	85+	Men	Women	White	Other	NE	NC	South	West
								1975							
All Physicians[1]	234,931	21.9	20.7	22.1	22.6	22.9	21.8	22.6	21.5	22.0	21.2	21.5	21.1	23.5	21.0
General Practice (GP)	60,644	12.7	11.8	12.4	13.2	13.6	13.7	12.4	12.9	12.6	13.8	11.7	12.9	13.8	11.7
Family Practice (FP)	5,752	9.8	9.0	9.8	10.2	10.3	10.5	10.1	9.7	9.7	11.2	10.4	9.4	10.1	8.5
Internal Medicine (IM)	60,946	12.9	12.1	12.8	13.2	13.8	13.1	13.1	12.7	12.9	12.5	14.0	12.2	12.4	12.5
Cardiovascular Disease (CD)	5,726	8.5	8.3	8.5	8.6	9.4	7.6	8.7	8.3	8.6	7.2	10.3	7.5	7.8	8.1
Dermatology (DER)	2,897	4.3	4.4	4.4	4.0	4.2	4.4	4.6	4.1	4.2	6.7	4.0	4.0	4.1	5.0
General Surgery (GS)	13,546	6.5	6.1	6.3	6.9	6.9	7.1	6.4	6.6	6.5	7.1	6.1	7.0	6.8	5.8
Oto/Laryn/Rhin (OLR)	2,236	3.3	3.5	3.4	3.1	2.9	2.9	3.4	3.1	3.3	3.5	3.2	3.1	3.4	3.3
Ophthalmology (OPH)	5,979	2.9	2.9	2.9	2.9	3.1	2.9	3.0	2.9	2.9	3.5	2.7	3.2	3.0	2.9
Orthopedic Surgery (ORS)	4,926	5.1	5.2	5.1	5.3	5.1	4.7	4.7	5.3	5.1	5.8	5.0	4.9	5.5	5.1
Urology (U)	5,774	5.8	5.8	5.8	5.9	6.1	5.6	6.0	5.6	5.8	6.7	5.4	5.5	6.0	6.6
Anesthesiology (AN)[2]	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Pathology (P)[2]	5,740	11.8	11.2	12.2	12.2	11.9	11.6	12.9	11.0	11.8	9.4	9.4	13.6	12.1	9.2
Radiology (R)[2]	12,678	4.4	4.4	4.2	4.5	4.5	4.3	4.7	4.2	4.4	4.5	3.8	4.8	4.7	3.7
Chiropractic (CH)	2,758	12.5	12.9	12.4	12.5	12.3	10.6	11.8	13.0	12.8	12.3	14.1	12.0	12.9	11.5
Podiatry (POD)	4,081	4.8	5.2	5.2	4.9	4.4	3.9	4.6	4.8	4.7	5.7	5.5	4.1	4.5	3.9
Multi-Specialty (M)	12,774	10.2	10.5	10.3	10.2	9.7	10.3	10.5	10.1	10.3	10.1	8.3	9.1	11.7	11.0
Unknown	5,346	8.6	8.1	8.1	9.1	9.0	8.9	8.9	8.3	8.7	6.2	8.1	11.3	6.4	3.1
All other (residual)	13,306	7.0	7.2	7.2	6.5	6.8	6.4	7.5	6.7	7.0	7.0	6.8	6.6	7.5	6.6

(continued)

TABLE 20a (Continued)
Medicare: Number of Reimbursed Services and Average Number of Services Per Reimbursed User for the Aged, by Physician Specialty, and by Age, Sex, Race, and Census Region, U.S., 1975-1978

Physician Specialty	Number of Services (thousands)	Services Per Reimbursed User													
		U.S. Total	Age					Sex		Race		Census Region			
			65-69	70-74	75-79	80-84	85+	Men	Women	White	Other	NE	NC	South	West
								1976							
All Physicians[1]	247,409	21.6	20.5	21.7	22.1	22.7	21.6	22.1	21.2	21.7	21.4	20.9	20.8	23.1	20.9
General Practice (GP)	59,099	12.6	11.7	12.3	12.9	13.7	14.0	12.3	12.8	12.5	14.1	11.1	13.4	13.5	11.8
Family Practice (FP)	9,892	10.3	9.5	10.3	10.4	11.0	11.1	10.5	10.2	10.2	11.7	11.3	9.6	10.2	8.8
Internal Medicine (IM)	65,960	13.3	12.6	13.1	13.5	14.3	13.7	13.4	13.2	13.2	14.1	13.7	13.3	13.2	12.7
Cardiovascular Disease (CD)	5,782	8.9	8.8	8.4	9.7	9.0	8.6	8.9	8.9	9.0	8.2	10.0	6.9	8.8	9.0
Dermatology (DER)	2,935	4.1	4.1	4.0	4.1	4.3	4.1	4.2	4.0	4.0	5.1	3.9	3.8	3.6	5.1
General Surgery (GS)	14,113	6.5	6.1	6.5	6.7	7.0	7.2	6.3	6.7	6.5	7.4	6.1	7.1	6.6	6.2
Oto/Laryn/Rhin (OLR)	2,177	3.0	3.3	3.1	2.9	2.7	2.5	3.2	2.9	3.0	3.7	2.8	2.7	3.2	3.3
Ophthalmology (OPH)	5,938	2.7	2.6	2.7	2.7	2.7	2.7	2.8	2.6	2.6	3.2	2.5	2.6	2.8	2.7
Orthopedic Surgery (ORS)	5,039	5.0	5.1	4.8	4.9	5.3	4.3	4.6	5.1	4.9	5.3	4.6	4.3	5.4	5.4
Urology (U)	5,932	5.7	5.5	5.9	5.8	5.6	6.0	5.8	5.5	5.7	6.5	5.4	5.0	6.1	6.3
Anesthesiology (AN)[2]	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Pathology (P)[2]	6,671	12.7	12.4	12.4	12.2	14.9	12.8	13.3	12.2	12.6	15.3	8.7	14.5	13.3	9.8
Radiology (R)[2]	13,576	4.1	4.2	4.1	4.2	4.0	3.9	4.4	3.9	4.1	4.4	3.7	4.4	4.4	3.6
Chiropractic (CH)	3,060	12.9	13.5	12.7	12.5	12.5	12.0	12.3	13.4	13.1	10.9	12.6	13.7	13.5	12.0
Podiatry (POD)	4,430	4.7	5.2	5.1	4.8	4.3	3.9	4.5	4.8	4.6	6.2	5.3	4.2	4.4	3.8
Multi-Specialty (M)	12,053	9.6	9.6	9.7	9.5	9.5	9.6	9.8	9.5	9.6	9.2	8.6	9.1	9.5	10.9
Unknown	4,663	10.0	9.7	9.4	10.1	10.9	10.4	10.4	9.7	10.1	7.6	11.1	12.8	4.1	3.2
All other (residual)	15,099	7.2	7.5	7.4	7.0	6.9	6.2	7.6	6.9	7.2	7.2	7.3	6.6	7.6	7.0
								1977							
All Physicians[1]	247,133	20.7	19.2	20.7	21.8	21.7	21.7	21.4	20.3	20.8	20.2	19.7	20.7	21.3	21.1
General Practice (GP)	50,883	11.8	10.8	11.4	12.2	12.6	13.1	11.6	11.9	11.7	13.3	10.4	12.7	12.5	11.0
Family Practice (FP)	13,418	11.4	10.6	11.2	11.8	12.2	11.8	11.2	11.5	11.2	13.0	10.2	10.7	13.1	8.9
Internal Medicine (IM)	66,837	12.8	12.0	12.6	13.4	13.6	13.6	12.8	12.8	12.8	13.5	13.1	13.0	12.7	12.4
Cardiovascular Disease (CD)	6,195	8.3	8.0	8.5	8.6	8.6	8.1	8.4	8.3	8.4	7.7	9.3	7.3	7.8	8.4
Dermatology (DER)	3,289	4.1	4.0	4.0	4.2	4.1	4.4	4.4	3.9	4.1	5.0	3.6	3.8	4.0	4.9
General Surgery (GS)	13,174	6.2	5.6	6.2	6.7	6.6	7.0	6.1	6.4	6.2	7.0	5.7	6.5	6.6	6.0
Oto/Laryn/Rhin (OLR)	2,270	3.0	3.4	3.1	2.7	2.5	2.4	2.9	3.0	3.0	3.0	2.7	2.8	3.2	3.2
Ophthalmology (OPH)	6,240	2.6	2.6	2.5	2.7	2.5	2.6	2.7	2.5	2.6	3.1	2.5	2.6	2.7	2.6
Orthopedic Surgery (ORS)	5,121	4.9	4.8	4.8	4.9	4.9	4.7	4.8	4.9	4.9	5.0	4.7	4.3	5.2	5.2
Urology (U)	5,980	5.6	5.7	5.6	5.6	5.4	5.4	5.7	5.3	5.5	6.1	5.2	4.9	5.8	6.3
Anesthesiology (AN)[2]	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Pathology (P)[2]	7,058	13.3	11.9	12.7	14.5	14.0	15.3	14.9	12.1	13.2	14.3	7.8	14.6	14.2	11.5
Radiology (R)[2]	14,540	4.1	4.0	4.1	4.2	4.2	4.2	4.4	3.9	4.1	4.2	3.7	4.5	4.3	3.7
Chiropractic (CH)	3,138	12.0	12.5	12.0	11.6	11.4	10.4	11.3	12.5	12.1	11.1	13.0	12.6	11.9	11.0
Podiatry (POD)	4,709	4.5	5.0	4.8	4.6	4.1	3.8	4.2	4.6	4.4	5.6	4.8	4.1	4.6	4.0
Multi-Specialty (M)	12,325	9.2	9.0	9.5	9.3	9.4	8.7	9.4	9.1	9.2	9.5	7.6	8.9	8.7	10.8
Unknown	4,810	9.9	9.4	9.5	9.8	9.9	12.0	10.5	9.5	10.2	5.5	11.1	13.8	3.3	2.9
All other (residual)	15,308	6.9	6.8	7.0	6.9	6.8	6.6	7.3	6.6	6.8	7.5	6.8	6.7	7.1	6.7
								1978							
All Physicians[1]	276,897	21.4	19.8	21.4	22.3	22.5	22.4	22.2	20.9	21.4	21.5	20.4	21.5	22.3	21.1
General Practice (GP)	52,488	11.5	10.2	11.2	11.8	12.4	12.8	11.2	11.6	11.3	13.3	10.1	12.3	12.3	10.4
Family Practice (FP)	15,852	10.5	9.4	10.1	11.1	11.6	11.5	10.3	10.6	10.4	12.2	9.7	10.8	11.4	8.9
Internal Medicine (IM)	75,076	12.9	11.9	12.7	13.6	13.5	13.9	13.0	12.9	12.9	13.5	13.2	13.3	12.6	12.6
Cardiovascular Disease (CD)	7,562	8.5	7.6	8.7	8.9	9.2	8.4	8.5	8.5	8.5	7.7	9.3	8.3	7.7	8.4
Dermatology (DER)	3,545	4.0	3.9	4.0	4.0	3.8	4.4	4.3	3.8	4.0	5.4	3.8	3.6	3.7	4.8
General Surgery (GS)	14,044	6.2	5.6	6.1	6.4	6.6	6.9	6.0	6.3	6.1	7.8	5.8	6.5	6.6	5.6
Oto/Laryn/Rhin (OLR)	2,575	3.0	3.3	3.3	2.7	2.7	2.4	3.0	3.0	3.0	3.8	2.8	2.8	3.3	3.2
Ophthalmology (OPH)	7,149	2.6	2.5	2.5	2.6	2.6	2.5	2.7	2.5	2.5	3.0	2.5	2.5	2.6	2.7
Orthopedic Surgery (ORS)	5,733	4.9	5.0	4.9	4.9	4.9	4.6	4.7	4.9	4.8	6.4	4.7	4.5	5.0	5.3
Urology (U)	6,667	5.7	5.6	5.6	5.8	5.5	5.9	5.8	5.3	5.6	7.0	5.2	5.1	5.9	6.6
Anesthesiology (AN)[2]	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Pathology (P)[2]	9,950	14.2	14.5	14.0	12.5	15.0	16.1	15.4	13.3	13.8	18.2	8.5	15.0	14.3	15.6
Radiology (R)[2]	17,833	4.3	4.2	4.3	4.3	4.5	4.4	4.6	4.1	4.3	4.8	4.0	4.6	4.5	4.0
Chiropractic (CH)	3,913	11.9	12.0	12.0	11.8	11.5	10.8	11.3	12.2	11.9	11.2	12.6	13.0	11.3	10.8
Podiatry (POD)	5,526	4.6	5.0	5.0	4.7	4.3	4.0	4.5	4.6	4.5	5.5	4.9	4.0	4.9	4.1
Multi-Specialty (M)	13,810	9.4	9.3	9.5	9.4	9.4	9.2	9.7	9.2	9.4	8.9	8.1	9.4	9.4	10.2
Unknown	3,860	7.9	7.6	8.0	7.8	7.8	8.7	7.7	8.1	8.0	6.4	12.3	9.5	3.2	2.7
All other (residual)	18,044	7.1	7.2	7.1	7.1	6.9	6.7	7.6	6.8	7.0	7.5	7.3	6.8	7.3	6.7

[1] Total excludes suppliers.
[2] Data for hospital-based physicians are incomplete because of billing and reimbursement procedures. (See Appendix A for more detail.)

20b. Average Number of Services Per User for the Disabled, by Physician Specialty, and by Age, Sex, Race, and Census Region

1975

Disabled persons received 26.2 services per user from all physicians, with a range of 3.0 services per user from ophthalmologists to 17.0 services per user from pathologists. For most specialties the average number of services per user for the Disabled was greater than that for the Aged, with the exception of cardiovascular disease.

1975-1978

Like the Aged, the average number of services per Disabled user fluctuated, ending at 25.2 services per user for all physicians during the 1975-1978 period. Also, like the Aged, family practice and pathology were the only specialties showing an increase during the period. Persons under age 25 had the largest number of services per user, while the other two age groups had similar averages. Women had a higher average number of services per user than men for most physician specialties. Other races received a greater number of services per user than white persons. Variations by age, sex, race and census region were similar throughout the period.

TABLE 20b

Medicare: Number of Reimbursed Services and Average Number of Services Per Reimbursed User for the Disabled, by Physician Specialty, and by Age, Sex, Race, and Census Region, U.S., 1975-1978

Physician Specialty	Number of Services (thousands)	Services Per Reimbursed User											
		U.S. Total	Age			Sex		Race		Census Region			
			Under 25	25-44	45-64	Men	Women	White	Other	NE	NC	South	West
						1975							
All Physicians[1]	19,302	26.2	—	—	—	—	—	—	—	24.9	25.8	28.1	24.5
General Practice (GP)	4,238	13.3	—	—	—	—	—	—	—	—	—	—	—
Family Practice (FP)	420	9.5	—	—	—	—	—	—	—	—	—	—	—
Internal Medicine (IM)	4,883	15.4	—	—	—	—	—	—	—	—	—	—	—
Cardiovascular Disease (CD)	438	7.8	—	—	—	—	—	—	—	—	—	—	—
Dermatology (DER)	130	4.5	—	—	—	—	—	—	—	—	—	—	—
General Surgery (GS)	1,031	6.9	—	—	—	—	—	—	—	—	—	—	—
Oto/Laryn/Rhin (OLR)	144	4.0	—	—	—	—	—	—	—	—	—	—	—
Ophthalmology (OPH)	206	3.0	—	—	—	—	—	—	—	—	—	—	—
Orthopedic Surgery (ORS)	515	6.3	—	—	—	—	—	—	—	—	—	—	—
Urology (U)	445	7.1	—	—	—	—	—	—	—	—	—	—	—
Anesthesiology (AN)[2]	. . .	. . .	—	—	—	—	—	—	—	—	—	—	—
Pathology (P)[2]	643	17.0	—	—	—	—	—	—	—	—	—	—	—
Radiology (R)[2]	1,025	4.8	—	—	—	—	—	—	—	—	—	—	—
Chiropractic (CH)	227	14.2	—	—	—	—	—	—	—	—	—	—	—
Podiatry (POD)	153	5.1	—	—	—	—	—	—	—	—	—	—	—
Multi-Specialty (M)	1,238	11.9	—	—	—	—	—	—	—	—	—	—	—
Unknown	424	10.4	—	—	—	—	—	—	—	—	—	—	—
All other (residual)	2,132	10.7	—	—	—	—	—	—	—	—	—	—	—

(continued)

TABLE 20b (Continued)
Medicare: Number of Reimbursed Services and Average Number of Services Per Reimbursed User for the Disabled, by Physician Specialty, and by Age, Sex, Race, and Census Region, U.S., 1975-1978

Physician Specialty	Number of Services (thousands)	Services Per Reimbursed User											
		U.S. Total	Age			Sex		Race		Census Region			
			Under 25	25-44	45-64	Men	Women	White	Other	NE	NC	South	West
						1976							
All Physicians[1]	24,541	25.3	30.1	25.1	25.2	24.3	26.5	25.3	25.9	24.4	25.0	27.0	23.7
General Practice (GP)	4,998	13.3	8.9	11.1	13.8	12.9	13.9	13.4	13.3	12.1	13.0	14.6	12.3
Family Practice (FP)	858	11.0	10.6	8.9	11.5	10.9	11.1	10.8	12.1	11.6	11.4	11.1	8.6
Internal Medicine (IM)	6,184	15.3	13.4	16.8	15.1	14.9	15.7	15.0	17.8	16.3	14.7	15.4	14.3
Cardiovascular Disease (CD)	591	8.8	9.0	6.9	9.0	8.6	9.2	8.7	8.7	9.6	8.2	8.7	8.9
Dermatology (DER)	191	4.7	5.6	5.0	4.5	4.6	4.7	4.6	5.7	4.4	4.4	3.9	5.9
General Surgery (GS)	1,233	6.8	6.5	5.9	7.0	6.7	6.9	6.8	7.1	6.3	7.0	7.2	6.2
Oto/Laryn/Rhin (OLR)	180	3.8	2.6	3.9	3.7	3.6	3.9	3.7	4.6	3.6	3.2	4.2	4.0
Ophthalmology (OPH)	253	2.8	1.8	2.7	2.8	2.8	2.8	2.7	3.0	2.6	2.7	3.0	2.8
Orthopedic Surgery (ORS)	628	5.9	4.5	6.4	5.9	5.7	6.1	6.0	5.8	5.7	4.9	6.2	6.4
Urology (U)	510	6.9	6.7	7.5	6.8	6.6	7.6	6.6	9.3	9.2	5.0	6.8	7.0
Anesthesiology (AN)[2]	...	...	...	...	...	...	...	...	...	...	...	...	...
Pathology (P)[2]	896	17.1	...	17.6	16.0	17.0	17.2	16.6	21.2	8.0	25.5	16.5	9.8
Radiology (R)[2]	1,372	4.6	4.2	4.5	4.6	4.7	4.5	4.6	4.8	4.2	4.9	4.9	3.9
Chiropractic (CH)	255	13.1	9.0	14.7	12.8	12.7	13.6	13.2	13.4	12.9	12.9	14.9	12.3
Podiatry (POD)	261	5.3	2.8	4.7	5.5	5.2	5.4	5.2	6.5	6.4	4.7	4.2	4.7
Multi-Specialty (M)	1,447	11.0	16.0	11.7	10.7	11.3	10.6	11.0	10.5	10.0	10.5	11.7	11.4
Unknown	516	13.2	38.4	18.2	11.8	13.8	12.5	12.6	21.7	19.9	17.0	3.4	3.5
All other (residual)	2,943	10.9	20.4	13.3	9.9	11.2	10.6	10.6	12.5	9.7	11.5	12.2	9.7
						1977							
All Physicians[1]	26,220	24.5	29.1	24.2	24.4	23.3	25.9	24.4	25.2	23.5	25.0	25.1	24.0
General Practice (GP)	4,670	12.6	8.8	10.3	13.0	12.0	13.3	12.6	12.8	11.6	13.0	13.7	11.2
Family Practice (FP)	1,172	11.7	6.2	9.9	12.2	11.7	11.8	11.6	13.4	11.5	10.2	13.5	9.1
Internal Medicine (IM)	6,658	14.9	17.1	14.3	15.0	14.4	15.6	14.7	16.5	15.7	14.5	14.8	14.3
Cardiovascular Disease (CD)	683	8.3	3.2	6.4	8.6	8.3	8.4	8.6	7.0	8.6	8.2	8.1	8.5
Dermatology (DER)	222	4.8	6.1	5.4	4.7	4.8	4.7	4.7	6.1	4.2	4.8	4.1	5.7
General Surgery (GS)	1,263	6.5	6.5	5.8	6.7	6.2	6.8	6.5	6.7	5.8	6.2	7.2	6.1
Oto/Laryn/Rhin (OLR)	186	3.4	4.3	3.6	3.4	3.3	3.6	3.5	3.6	3.1	3.0	3.9	3.6
Ophthalmology (OPH)	271	2.6	2.8	2.4	2.7	2.6	2.6	2.6	3.1	2.6	2.4	2.8	2.7
Orthopedic Surgery (ORS)	675	5.8	4.7	6.1	5.8	5.6	6.0	5.9	5.5	5.5	5.1	6.4	6.1
Urology (U)	511	6.3	5.7	6.5	6.3	6.1	6.7	6.2	7.2	7.4	5.6	6.1	6.6
Anesthesiology (AN)[2]	...	...	...	...	...	...	...	...	...	...	...	...	...
Pathology (P)[2]	947	16.3	...	19.5	15.4	16.6	16.2	15.6	20.6	11.3	21.6	15.9	13.1
Radiology (R)[2]	1,546	4.5	5.1	4.4	4.5	4.4	4.6	4.4	4.7	4.4	4.6	4.7	4.0
Chiropractic (CH)	293	12.7	19.5	13.2	12.7	12.5	13.2	12.9	12.8	11.5	15.0	13.5	11.3
Podiatry (POD)	292	5.1	2.8	4.7	5.2	5.0	5.3	4.9	5.7	5.9	4.4	4.9	4.6
Multi-Specialty (M)	1,603	10.6	15.3	10.3	10.5	10.4	10.8	10.3	11.7	9.7	11.0	10.2	10.8
Unknown	571	13.0	30.7	18.0	11.3	13.9	11.7	11.7	23.6	24.3	17.3	3.3	2.7
All other (residual)	3,354	10.9	19.6	13.4	9.8	11.4	10.4	10.4	13.6	9.7	12.1	11.3	10.3
						1978							
All Physicians[1]	31,061	25.2	31.5	25.2	25.1	24.0	26.8	25.0	26.6	24.5	26.0	26.3	23.4
General Practice (GP)	4,950	11.9	7.7	9.9	12.3	11.2	12.8	11.8	12.6	11.0	12.3	12.8	10.4
Family Practice (FP)	1,483	11.0	5.9	8.8	11.5	10.8	11.4	10.9	11.8	11.0	10.9	11.9	8.9
Internal Medicine (IM)	7,869	15.1	24.8	14.8	15.0	14.6	15.7	14.8	16.8	15.3	14.6	15.6	14.3
Cardiovascular Disease (CD)	844	8.3	4.6	6.2	8.6	8.4	8.2	8.6	6.9	9.1	7.7	7.8	8.7
Dermatology (DER)	240	4.4	4.6	4.5	4.3	4.3	4.5	4.3	5.5	4.0	4.1	4.0	5.3
General Surgery (GS)	1,405	6.5	5.9	6.1	6.5	6.1	6.8	6.5	6.4	6.6	6.3	6.8	5.7
Oto/Laryn/Rhin (OLR)	231	3.6	2.8	4.0	3.5	3.5	3.6	3.6	3.3	3.6	3.2	4.0	3.3
Ophthalmology (OPH)	340	2.8	2.6	2.9	2.7	2.8	2.7	2.7	3.3	2.6	2.7	2.8	2.9
Orthopedic Surgery (ORS)	783	5.8	3.7	6.2	5.8	5.8	5.9	5.9	5.6	5.6	5.1	6.3	5.9
Urology (U)	600	6.6	5.2	7.3	6.5	6.5	6.9	6.5	7.5	8.8	5.6	5.7	7.1
Anesthesiology (AN)[2]	...	...	...	...	...	...	...	...	...	...	...	...	...
Pathology (P)[2]	1,399	17.8	...	19.9	17.0	17.5	18.2	17.4	19.5	10.5	24.8	16.7	14.2
Radiology (R)[2]	1,955	4.6	4.9	4.4	4.7	4.6	4.7	4.6	4.8	4.3	4.6	5.0	4.3
Chiropractic (CH)	366	12.9	15.6	12.9	12.9	12.4	13.5	13.0	12.2	14.9	13.5	13.2	11.5
Podiatry (POD)	345	5.1	5.8	5.0	5.1	5.1	5.1	5.0	5.7	5.9	4.4	4.9	4.5
Multi-Specialty (M)	1,794	10.1	8.8	10.2	10.2	9.9	10.5	10.1	9.9	9.9	10.5	9.7	10.1
Unknown	664	13.0	27.3	21.5	10.8	13.7	12.1	11.0	27.2	27.4	14.9	3.7	3.0
All other (residual)	4,227	11.4	19.1	13.9	10.3	11.7	11.0	10.8	14.9	10.4	12.6	12.0	10.0

[1] Total excludes suppliers.
[2] Data for hospital-based physicians are incomplete because of billing and reimbursement procedures. (See Appendix A for more detail.)

21a. Average Total Charge Per Service and Percent Reduction for the Aged, by Physician Specialty and Census Region

1975

The average total charge per service for all physicians combined was $19.47. The range in the average total charge was from a low of $6.76 for pathology to a high of $50.30 for orthopedic surgery. Average total charges for surgical specialties (general surgery, oto/laryn/rhin, ophthalmology, orthopedic surgery, and urology) were considerably higher than for most other categories, ranging from $25 to $50. Total charges by general practitioners and family practitioners were similar ($11.35 and $11.50), whereas the average charge for internal medicine was $15.48.

In 1975, total charges were reduced an average of 18.7 percent (see Table 3, footnote 1). The percent reduction varied by specialty, with the highest reduction for services in oto/laryn/rhin (21.0 percent) and the lowest reduction for chiropractic (13.3 percent).

1975-1978

Average total charge per service for all physicians rose to $26.18 by 1978, an increase of 34 percent over 1975. Average charges during this period rose for all specialties except pathology, which decreased. Compared to 1975, the percent reduction for each specialty was generally higher in 1978, averaging 20.3 percent.

TABLE 21a
Medicare: Average Total and Allowed Charges Per Service and Percent Reduction for the Aged, by Physician Specialty and Census Region, U.S., 1975-1978

Physician Specialty	United States			Northeast			North Central			South			West		
	Average Total Charge	Average Allowed Charge	Percent Reduction	Average Total Charge	Average Allowed Charge	Percent Reduction	Average Total Charge	Average Allowed Charge	Percent Reduction	Average Total Charge	Average Allowed Charge	Percent Reduction	Average Total Charge	Average Allowed Charge	Percent Reduction
							1975								
All Physicians[1]	$19.47	$15.83	18.7	$21.42	$17.09	20.2	$18.46	$15.29	17.2	$17.00	$13.89	18.3	$22.53	$18.27	18.9
General Practice (GP)	11.35	9.24	18.6	11.79	9.61	18.5	10.96	9.02	17.7	10.30	8.35	18.9	13.63	11.04	19.0
Family Practice (FP)	11.50	9.29	19.2	11.47	9.32	18.7	12.00	9.56	20.3	10.29	8.40	18.4	14.81	11.86	19.9
Internal Medicine (IM)	15.48	12.66	18.2	16.27	13.13	19.3	14.63	12.16	16.9	14.51	11.89	18.1	16.65	13.63	18.1
Cardiovascular Disease (CD)	22.00	17.83	19.0	20.74	16.67	19.6	22.84	18.71	18.1	19.72	16.05	18.6	25.98	20.98	19.2
Dermatology (DER)	19.58	16.24	17.1	23.52	18.88	19.7	18.65	15.53	16.7	17.78	15.06	15.3	18.99	15.85	16.5
General Surgery (GS)	38.44	31.20	18.8	46.00	35.96	21.8	33.39	27.92	16.4	32.41	26.61	17.9	48.91	39.83	18.6
Oto/Laryn/Rhin (OLR)	25.67	20.28	21.0	26.37	21.15	19.8	25.28	20.64	18.4	24.39	18.89	22.6	26.59	20.63	22.4
Ophthalmology (OPH)	48.85	40.38	17.3	51.55	41.53	19.4	47.85	40.17	16.1	45.76	38.14	16.7	50.08	41.97	16.2
Orthopedic Surgery (ORS)	50.30	40.44	19.6	51.58	40.07	22.3	56.49	46.05	18.5	40.02	32.64	18.4	59.16	48.10	18.7
Urology (U)	40.71	33.22	18.4	51.13	40.77	20.3	41.50	34.61	16.6	32.73	26.94	17.7	41.26	33.63	18.5
Anesthesiology (AN)[2]	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Pathology (P)[2]	6.76	5.66	16.3	9.20	7.61	17.3	6.30	5.47	13.2	6.50	5.34	17.8	7.45	6.32	15.2
Radiology (R)[2]	18.27	15.53	15.0	21.24	17.80	16.2	15.75	13.59	13.7	16.93	14.34	15.3	22.96	19.55	14.9
Chiropractic (CH)	9.13	7.92	13.3	8.91	7.93	11.0	8.41	7.23	14.0	8.82	7.64	13.4	10.27	8.80	14.3
Podiatry (POD)	18.57	14.85	20.0	16.57	12.94	21.9	21.57	17.10	20.7	20.16	16.71	17.1	21.09	17.33	17.8
Multi-Specialty (M)	20.30	16.59	18.3	18.93	14.95	21.0	24.10	19.90	17.4	16.37	13.48	17.7	21.48	17.39	19.0
Unknown	17.06	14.37	15.8	22.14	18.33	17.2	12.85	11.12	13.5	19.43	15.93	18.0	18.46	15.75	14.7
All other (residual)	30.89	24.37	21.1	32.18	24.57	23.6	28.65	23.39	18.4	27.76	22.19	20.1	37.48	29.47	21.3

(continued)

TABLE 21a (Continued)
Medicare: Average Total and Allowed Charges Per Service and Percent Reduction for the Aged, by Physician Specialty and Census Region, U.S., 1975-1978

Physician Specialty	United States			Northeast			North Central			South			West		
	Average Total Charge	Average Allowed Charge	Percent Reduction	Average Total Charge	Average Allowed Charge	Percent Reduction	Average Total Charge	Average Allowed Charge	Percent Reduction	Average Total Charge	Average Allowed Charge	Percent Reduction	Average Total Charge	Average Allowed Charge	Percent Reduction
							1976								
All Physicians[1]	$21.67	$17.25	20.4	$23.84	$18.86	20.9	$20.25	$16.33	19.4	$18.61	$14.94	19.7	$26.19	$20.46	21.9
General Practice (GP)	12.05	9.58	20.5	12.63	10.16	19.6	11.25	9.05	19.6	10.76	8.59	20.2	15.18	11.73	22.7
Family Practice (FP)	11.73	9.45	19.5	12.16	9.81	19.3	12.25	9.80	19.9	10.48	8.49	19.0	17.33	13.70	20.9
Internal Medicine (IM)	16.53	13.37	19.1	17.59	14.22	19.2	14.92	12.25	17.9	15.44	12.43	19.5	18.59	14.90	19.9
Cardiovascular Disease (CD)	24.02	19.23	19.9	22.45	18.10	19.4	26.47	21.00	20.7	21.06	16.72	20.6	29.91	24.03	19.7
Dermatology (DER)	22.75	18.38	19.2	28.29	21.86	22.7	19.61	16.12	17.8	20.44	16.90	17.3	22.40	18.34	18.1
General Surgery (GS)	45.05	35.62	20.9	52.00	40.45	22.2	39.35	31.74	19.3	37.70	30.16	20.0	60.72	47.12	22.4
Oto/Laryn/Rhin (OLR)	29.93	22.85	23.7	31.49	23.23	26.2	32.10	24.58	23.4	26.19	20.41	22.0	31.31	24.17	22.8
Ophthalmology (OPH)	60.34	49.41	25.6	56.22	45.07	19.8	63.90	53.41	16.5	57.42	47.18	17.8	67.07	55.16	17.8
Orthopedic Surgery (ORS)	63.02	48.88	22.4	65.52	50.50	22.9	73.87	57.80	22.0	49.92	39.21	21.5	71.47	54.64	23.5
Urology (U)	48.74	38.99	20.1	56.35	44.33	21.3	55.91	45.06	19.6	40.14	32.80	18.3	48.44	38.06	21.4
Anesthesiology (AN)[2]	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Pathology (P)[2]	5.46	4.57	16.1	7.52	6.37	15.3	4.68	4.09	12.6	5.35	4.41	17.6	6.64	5.59	15.8
Radiology (R)[2]	19.19	16.21	15.2	22.59	18.90	16.3	16.13	13.85	14.1	17.81	14.95	16.1	23.79	20.20	15.1
Chiropractic (CH)	9.63	8.20	14.8	9.62	8.39	12.8	8.53	7.37	13.6	9.16	7.84	14.4	11.20	9.27	17.2
Podiatry (POD)	20.72	16.10	22.3	18.85	14.43	23.4	25.85	19.28	25.4	22.33	18.02	19.3	21.15	17.05	19.4
Multi-Specialty (M)	24.26	19.32	20.4	22.89	17.96	21.5	28.31	22.92	19.0	18.71	14.99	19.9	24.35	18.97	22.1
Unknown	16.38	13.56	17.2	23.77	19.81	16.7	12.39	10.17	17.9	12.44	10.43	16.2	20.51	16.89	17.6
All other (residual)	35.08	27.23	22.4	35.24	26.81	23.9	33.77	26.42	21.8	31.41	24.88	20.8	43.20	33.38	22.7
							1977								
All Physicians[1]	$24.06	$19.38	19.5	$26.63	$21.29	20.0	$22.29	$17.99	19.4	$20.71	$16.75	19.1	$28.46	$23.02	19.1
General Practice (GP)	13.25	10.68	19.4	13.97	11.35	18.8	12.46	9.96	20.0	11.84	9.53	19.5	15.98	12.92	19.1
Family Practice (FP)	12.79	10.31	19.4	13.60	11.04	18.8	12.80	10.32	19.5	11.50	9.21	19.9	17.61	14.24	19.1
Internal Medicine (IM)	17.92	14.65	18.2	18.94	15.49	18.2	16.39	13.36	18.5	16.75	13.62	18.7	20.09	16.61	17.3
Cardiovascular Disease (CD)	26.70	21.73	18.6	24.85	20.32	18.2	27.01	21.50	20.4	22.85	18.37	19.6	34.07	28.39	16.7
Dermatology (DER)	24.67	20.42	17.2	31.64	25.13	20.6	22.57	18.32	18.8	21.94	18.36	16.3	23.88	20.41	14.5
General Surgery (GS)	51.61	41.26	20.1	60.77	47.44	21.9	46.41	37.49	19.2	42.89	34.62	19.3	63.68	51.37	19.3
Oto/Laryn/Rhin (OLR)	34.32	26.99	21.4	37.73	29.23	22.5	37.02	28.28	23.6	30.13	23.50	22.0	33.80	27.73	18.0
Ophthalmology (OPH)	64.87	53.92	16.9	61.41	49.88	18.8	69.31	57.73	16.7	63.92	53.31	16.6	66.99	56.94	15.0
Orthopedic Surgery (ORS)	68.90	54.67	20.7	69.54	54.70	21.3	80.11	63.38	20.9	56.32	45.07	20.0	76.54	60.90	20.4
Urology (U)	53.19	43.04	19.1	60.84	48.25	20.7	57.14	46.60	18.4	44.33	36.01	18.8	54.85	44.92	18.1
Anesthesiology (AN)[2]	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Pathology (P)[2]	5.80	4.87	16.0	8.85	7.35	16.9	4.82	4.18	13.3	5.72	4.76	16.8	6.56	5.51	16.0
Radiology (R)[2]	20.89	17.58	15.8	24.36	20.13	17.4	17.52	14.90	15.0	19.47	16.32	16.2	25.32	21.58	14.8
Chiropractic (CH)	10.44	8.77	16.0	10.00	8.59	14.1	9.27	7.88	15.0	10.18	8.61	15.4	12.13	9.94	18.1
Podiatry (POD)	21.98	17.21	21.7	19.48	15.36	21.1	26.42	19.25	27.1	23.15	18.75	19.0	24.09	19.10	20.7
Multi-Specialty (M)	27.29	22.27	18.4	24.75	20.11	18.7	30.38	24.75	18.5	23.82	19.31	18.9	26.53	21.81	17.8
Unknown	18.03	15.10	16.3	24.60	21.11	14.2	15.01	12.24	18.5	12.89	10.97	14.9	31.68	28.22	10.9
All other (residual)	40.57	31.91	21.3	41.01	31.88	22.3	37.40	29.49	21.1	35.23	27.75	21.2	51.84	41.25	20.4
							1978								
All Physicians[1]	$26.18	$20.87	20.3	$29.36	$23.22	20.9	$24.09	$19.12	20.6	$22.54	$18.08	19.8	$31.16	$25.04	19.6
General Practice (GP)	14.55	11.58	20.4	15.33	12.28	19.9	13.62	10.69	21.5	13.30	10.61	20.2	17.63	14.17	19.6
Family Practice (FP)	14.32	11.44	20.1	15.22	12.18	20.0	13.97	11.15	20.2	12.77	10.18	20.3	19.50	15.61	19.9
Internal Medicine (IM)	19.73	15.98	19.0	21.33	17.21	19.3	18.10	14.51	19.8	18.24	14.81	18.8	21.85	17.97	17.8
Cardiovascular Disease (CD)	31.18	25.11	19.5	30.64	24.46	20.2	30.50	24.28	20.4	27.07	21.56	20.4	37.83	31.46	16.8
Dermatology (DER)	25.78	21.37	17.1	31.34	25.31	19.2	23.18	18.81	18.9	23.62	19.63	16.9	25.23	21.58	14.5
General Surgery (GS)	57.00	45.12	20.8	67.20	51.91	22.8	50.09	39.90	20.3	47.18	37.72	20.1	76.14	61.09	19.8
Oto/Laryn/Rhin (OLR)	34.46	27.33	20.7	36.62	28.53	22.1	35.13	26.90	23.4	30.83	24.26	21.3	36.16	30.24	16.4
Ophthalmology (OPH)	69.53	57.36	17.5	64.88	52.32	19.4	74.21	61.46	17.2	66.77	55.29	17.1	75.24	63.11	16.1
Orthopedic Surgery (ORS)	73.56	57.70	21.6	77.10	59.68	22.6	82.51	64.55	21.8	58.88	46.41	21.2	82.79	65.78	20.5
Urology (U)	56.19	45.05	19.8	67.59	53.49	20.9	61.06	48.57	20.4	45.54	36.59	19.7	56.24	46.05	18.1
Anesthesiology (AN)[2]	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Pathology (P)[2]	6.09	5.09	16.4	8.64	7.15	17.2	5.28	4.47	15.3	6.23	5.20	16.5	5.98	4.93	17.6
Radiology (R)[2]	22.47	18.69	16.8	24.71	20.17	18.4	19.15	15.99	16.5	21.71	18.01	17.0	26.87	22.82	15.1
Chiropractic (CH)	11.33	9.46	16.5	11.25	9.47	15.8	10.06	8.56	14.9	10.89	9.40	13.7	13.30	10.60	20.3
Podiatry (POD)	22.98	18.01	21.6	21.00	16.35	22.1	26.66	19.77	25.8	23.40	19.05	18.6	24.87	19.83	20.3
Multi-Specialty (M)	29.27	23.34	20.3	26.86	21.20	21.1	32.02	25.23	21.2	24.78	19.51	21.3	29.36	24.03	18.2
Unknown	19.84	16.66	16.0	24.98	21.44	14.2	16.00	13.04	18.5	11.48	9.81	14.5	28.29	23.68	16.3
All other (residual)	43.49	33.87	22.1	44.71	34.39	23.1	37.87	29.44	22.3	38.38	30.11	21.5	57.14	44.96	21.3

[1] Total excludes suppliers.

[2] Data for hospital-based physicians are incomplete because of billing and reimbursement procedures. (See Appendix A for more detail.)

21b. Average Total Charge Per Service and Percent Reduction for the Disabled, by Physician Specialty and Census Region

1975

Average total charge per service for all physicians was $21.03 and was reduced an average of 20.2 percent, a rate a little higher than for the Aged. Similar to the Aged the average total charge and percent reduction varied by specialty.

1975-1978

Average total charge per service rose to $26.84 for all physicians in 1978, an increase of 28 percent over 1975—reflecting an increase in each specialty. The average percent reduction increased to 22.0 in 1978 and was generally higher for each specialty.

TABLE 21b

Medicare: Average Total and Allowed Charges Per Service and Percent Reduction for the Disabled, by Physician Specialty and Census Region, U.S., 1975-1978

Physician Specialty	United States			Northeast			North Central			South			West		
	Average Total Charge	Average Allowed Charge	Percent Reduction	Average Total Charge	Average Allowed Charge	Percent Reduction	Average Total Charge	Average Allowed Charge	Percent Reduction	Average Total Charge	Average Allowed Charge	Percent Reduction	Average Total Charge	Average Allowed Charge	Percent Reduction
							1975								
All Physicians[1]	$21.03	$16.78	20.2	$23.82	$18.72	21.4	$19.09	$15.76	17.4	$17.82	$14.40	19.2	$26.66	$20.58	22.8
General Practice (GP)	11.25	9.05	19.6	—	—	—	—	—	—	—	—	—	—	—	—
Family Practice (FP)	11.72	9.26	21.0	—	—	—	—	—	—	—	—	—	—	—	—
Internal Medicine (IM)	16.92	13.68	19.1	—	—	—	—	—	—	—	—	—	—	—	—
Cardiovascular Disease (CD)	32.48	26.04	19.8	—	—	—	—	—	—	—	—	—	—	—	—
Dermatology (DER)	17.60	14.74	16.3	—	—	—	—	—	—	—	—	—	—	—	—
General Surgery (GS)	43.24	34.56	20.1	—	—	—	—	—	—	—	—	—	—	—	—
Oto/Laryn/Rhin (OLR)	31.29	24.90	20.4	—	—	—	—	—	—	—	—	—	—	—	—
Ophthalmology (OPH)	43.67	35.66	18.3	—	—	—	—	—	—	—	—	—	—	—	—
Orthopedic Surgery (ORS)	47.98	38.25	20.3	—	—	—	—	—	—	—	—	—	—	—	—
Urology (U)	30.44	24.24	20.4	—	—	—	—	—	—	—	—	—	—	—	—
Anesthesiology (AN)[2]	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Pathology (P)[2]	5.07	4.40	13.0	—	—	—	—	—	—	—	—	—	—	—	—
Radiology (R)[2]	18.08	15.33	15.2	—	—	—	—	—	—	—	—	—	—	—	—
Chiropractic (CH)	9.43	8.07	14.4	—	—	—	—	—	—	—	—	—	—	—	—
Podiatry (POD)	21.87	17.15	21.6	—	—	—	—	—	—	—	—	—	—	—	—
Multi-Specialty (M)	24.35	20.08	17.5	—	—	—	—	—	—	—	—	—	—	—	—
Unknown	17.87	15.31	14.3	—	—	—	—	—	—	—	—	—	—	—	—
All other	34.53	25.94	24.9	—	—	—	—	—	—	—	—	—	—	—	—

(continued)

TABLE 21b (Continued)
Medicare: Average Total and Allowed Charges Per Service and Percent Reduction for the Disabled, by Physician Specialty and Census Region, U.S., 1975-1978

Physician Specialty	United States			Northeast			North Central			South			West		
	Average Total Charge	Average Allowed Charge	Percent Reduction	Average Total Charge	Average Allowed Charge	Percent Reduction	Average Total Charge	Average Allowed Charge	Percent Reduction	Average Total Charge	Average Allowed Charge	Percent Reduction	Average Total Charge	Average Allowed Charge	Percent Reduction
							1976								
All Physicians[1]	$22.94	$17.94	21.8	$25.55	$19.70	22.9	$21.55	$17.30	19.7	$19.20	$15.24	20.6	$29.15	$22.13	24.1
General Practice (GP)	12.05	9.47	21.4	12.90	10.17	21.2	11.63	9.27	20.3	10.54	8.34	20.9	15.07	11.57	23.2
Family Practice (FP)	11.80	9.07	23.1	12.43	9.85	20.8	12.57	8.74	30.5	10.41	8.29	20.4	16.30	12.78	21.6
Internal Medicine (IM)	18.04	14.52	19.5	18.61	14.87	20.1	16.50	13.56	17.8	16.41	13.19	19.6	22.18	17.76	19.9
Cardiovascular Disease (CD)	30.18	24.27	19.6	28.56	22.85	20.0	33.31	27.27	18.1	27.13	21.67	20.1	34.22	27.45	19.8
Dermatology (DER)	18.38	14.73	19.9	22.74	17.96	21.0	15.00	11.97	20.2	17.45	14.12	19.1	18.15	14.63	19.4
General Surgery (GS)	52.11	40.55	22.2	66.30	49.17	25.8	47.44	38.00	19.9	41.74	33.29	20.2	67.36	51.89	23.0
Oto/Laryn/Rhin (OLR)	40.33	31.09	22.9	40.38	30.66	24.1	53.15	40.77	23.3	32.57	24.86	23.7	42.61	33.43	21.5
Ophthalmology (OPH)	61.39	49.89	18.7	62.10	49.30	20.6	74.51	62.54	16.1	53.57	47.60	11.1	55.43	44.82	19.1
Orthopedic Surgery (ORS)	53.05	40.76	23.2	58.28	45.30	22.3	63.17	49.37	21.8	42.87	32.96	23.1	57.42	43.24	24.7
Urology (U)	38.79	30.89	20.4	37.10	29.02	21.8	45.88	37.31	18.7	34.86	28.19	19.1	43.55	34.04	21.8
Anesthesiology (AN)[2]	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Pathology (P)[2]	5.01	4.23	15.6	8.68	7.25	16.5	3.85	3.45	10.4	5.23	4.30	17.8	6.88	5.85	15.0
Radiology (R)[2]	18.50	15.59	15.7	21.38	17.73	17.1	16.50	14.18	14.1	16.78	14.01	16.5	24.07	22.49	14.9
Chiropractic (CH)	9.94	8.27	16.8	10.14	8.68	14.4	8.50	7.07	16.8	8.51	7.20	15.4	11.68	9.52	18.5
Podiatry (POD)	23.21	17.87	23.0	19.56	14.68	24.9	28.23	21.37	24.3	22.72	18.53	18.4	29.31	23.18	20.9
Multi-Specialty (M)	26.77	21.39	20.1	24.83	19.86	20.0	33.73	27.28	19.1	20.57	16.62	19.2	25.37	19.71	22.3
Unknown	15.56	13.01	16.4	20.37	16.89	17.1	11.20	9.51	13.5	12.23	10.35	15.4	19.33	16.03	17.1
All other	36.07	26.82	25.6	38.93	27.93	28.3	28.63	22.54	21.3	30.36	23.53	22.5	52.64	36.96	29.8
							1977								
All Physicians[1]	$25.06	$19.69	21.4	$27.66	$21.57	22.0	$23.17	$18.33	20.9	$21.01	$16.61	20.9	$31.56	$24.65	21.9
General Practice (GP)	13.12	10.38	20.9	14.08	11.09	21.2	12.60	9.95	21.1	11.47	9.07	20.9	16.08	12.79	20.5
Family Practice (FP)	12.83	10.18	20.7	14.03	11.08	21.0	12.68	10.10	20.3	11.24	8.89	20.9	18.11	14.55	19.7
Internal Medicine (IM)	19.76	15.93	19.4	20.50	16.41	20.0	19.08	15.42	19.2	17.92	14.41	19.6	22.90	18.63	18.6
Cardiovascular Disease (CD)	32.11	25.87	19.4	30.60	24.66	19.4	31.00	24.70	20.3	26.47	20.97	20.8	42.26	34.70	17.9
Dermatology (DER)	19.87	16.27	18.1	22.93	18.63	18.8	17.65	13.85	21.5	20.90	16.74	19.9	18.69	15.96	14.6
General Surgery (GS)	55.77	44.08	21.0	69.57	53.72	22.8	52.43	40.69	22.4	43.82	35.22	19.6	72.47	58.39	19.4
Oto/Laryn/Rhin (OLR)	40.65	31.63	22.2	38.68	29.30	24.3	54.51	40.01	26.6	34.45	26.75	22.4	41.61	34.36	17.4
Ophthalmology (OPH)	70.39	57.48	18.3	75.81	58.13	23.3	75.59	62.93	16.7	67.64	55.82	17.5	64.09	54.91	14.3
Orthopedic Surgery (ORS)	56.70	44.00	22.4	60.24	45.78	24.0	66.52	51.07	23.2	45.33	35.82	21.0	63.00	49.14	22.0
Urology (U)	43.98	34.91	20.6	42.76	33.60	21.4	43.82	34.62	21.0	40.69	32.01	21.3	50.60	41.15	18.7
Anesthesiology (AN)[2]	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Pathology (P)[2]	5.61	4.64	17.3	8.92	7.26	18.6	4.72	4.03	14.6	5.73	4.66	18.7	5.53	4.73	14.5
Radiology (R)[2]	20.66	17.33	16.1	23.38	19.20	17.9	17.92	15.21	15.1	18.50	15.35	17.0	26.63	22.87	14.1
Chiropractic (CH)	10.74	8.83	17.8	10.72	9.01	16.0	9.13	7.79	14.7	9.43	7.98	15.4	12.84	10.09	21.4
Podiatry (POD)	25.26	18.89	25.2	21.13	15.72	25.6	32.74	22.29	31.9	25.30	19.53	22.8	28.34	22.55	20.4
Multi-Specialty (M)	29.15	23.34	19.9	29.46	23.17	21.4	33.33	26.87	19.4	22.64	18.06	20.2	28.08	22.51	19.8
Unknown	16.26	13.68	15.9	19.93	16.79	15.8	11.97	9.85	17.7	11.23	9.66	14.0	35.99	31.34	12.9
All other	38.41	28.69	25.3	41.11	30.78	25.1	28.77	22.18	22.9	33.59	25.45	24.2	53.97	38.91	28.0
							1978								
All Physicians[1]	$26.84	$20.93	22.0	$29.90	$23.16	22.5	$24.40	$19.00	22.1	$23.00	$18.08	21.4	$33.98	$26.46	22.1
General Practice (GP)	14.30	11.24	21.4	15.75	12.21	22.5	13.68	10.63	22.3	12.67	10.00	21.1	17.54	14.01	20.1
Family Practice (FP)	14.32	11.35	20.7	15.40	12.25	20.5	13.71	10.88	20.6	12.77	10.08	21.1	19.18	15.28	20.3
Internal Medicine (IM)	21.46	17.06	20.5	23.44	18.64	20.5	20.10	15.87	21.0	19.37	15.46	20.2	24.67	19.62	20.5
Cardiovascular Disease (CD)	35.67	28.56	19.9	31.75	25.41	20.0	37.55	29.83	20.6	32.03	25.49	20.4	44.74	36.25	19.0
Dermatology (DER)	20.95	17.05	18.6	24.07	19.46	19.2	20.19	15.69	22.3	20.91	16.82	19.6	19.45	16.47	15.3
General Surgery (GS)	62.75	49.30	21.4	70.98	54.35	23.4	60.23	46.41	22.9	53.35	42.49	20.4	79.45	64.77	18.5
Oto/Laryn/Rhin (OLR)	45.92	35.04	23.7	42.24	31.71	24.9	56.64	41.32	27.0	37.71	28.94	23.3	53.80	43.00	20.1
Ophthalmology (OPH)	68.56	55.90	18.5	68.11	53.77	21.1	68.43	56.87	16.9	69.44	56.38	18.8	68.13	56.93	16.4
Orthopedic Surgery (ORS)	58.84	45.60	22.5	56.84	43.60	23.3	63.69	50.15	21.3	50.47	38.91	22.9	70.45	54.78	22.2
Urology (U)	44.19	34.94	20.9	36.96	28.97	21.6	49.50	38.97	21.3	42.34	33.51	20.9	52.20	41.75	20.0
Anesthesiology (AN)	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Pethology (P)	5.37	4.54	15.5	7.85	6.53	16.8	4.33	3.67	15.2	5.75	4.85	15.7	5.64	4.77	15.4
Radiology (R)	21.54	17.80	17.4	23.50	19.01	19.1	19.31	16.03	17.0	20.23	16.68	17.5	26.12	22.01	15.7
Chiropractic (CH)	11.46	9.39	18.1	11.65	9.57	17.9	9.91	8.37	15.5	10.29	8.62	16.2	13.56	10.73	20.9
Podiatry (POD)	26.97	20.37	24.5	24.14	18.22	24.5	29.66	21.49	27.5	24.81	19.28	22.3	32.02	24.66	23.0
Multi-Specialty (M)	31.24	24.66	21.1	29.08	22.40	23.0	34.31	27.06	21.1	25.32	19.85	21.6	31.64	25.39	19.8
Unknown	17.02	14.33	15.8	20.38	17.07	16.2	10.59	8.95	15.5	11.60	9.48	18.3	33.02	29.53	10.6
All other	39.99	29.87	25.3	43.96	32.66	25.7	29.99	22.52	24.9	35.17	26.70	24.1	58.18	42.76	26.5

[1] Total excludes suppliers.
[2] Dete for hospital-based physicians ere incomplete because of billing and reimbursement procedures. (See Appendix A for more detail.)

22a. Reimbursement Per Enrollee for the Aged, by Physician Specialty, and by Age, Sex, Race, and Census Region

1975

For all physicians, total Medicare reimbursements were $2.7 billion or $122 per enrollee in 1975. Reimbursement per enrollee by physician specialty follows the general pattern of reimbursement noted earlier, that is, it was higher for older age groups; for men it was generally higher than for women; and higher for white persons than for persons of all other races. Of the total reimbursements made by Medicare, internists received $537 million or 20 percent, general practitioners received $362 million or 14 percent, and general surgeons $314 million or 12 percent. Reimbursement per enrollee ranged from a low of $0.65 for chiropractors to a high of $24.62 for internists.

1975-1978

Each specialty had an increase in average reimbursement per enrollee from 1975 through 1978 with the highest increase in family practice—rising from $1.61 per enrollee to $5.14. Variations by age, sex, and race in 1978 were similar to those observed in 1975.

TABLE 22a
Medicare: Total Reimbursements and Reimbursement Per Enrollee for the Aged, by Physician Specialty, and by Age, Sex, Race, and Census Region, U.S., 1975-1978

Physician Specialty	Total (thousands)	Reimbursement Per Enrollee												
		U.S. Total	Age					Sex		Race		Census Region			
			65-69	70-74	75-79	80-84	85+	Men	Women	White	Other	NE	NC	South	West
		1975													
All Physicians[1]	$2,651,834	$121.67	$ 99.64	$124.01	$133.18	$145.70	$141.40	$130.47	$115.72	$126.28	$ 89.49	$135.00	$103.24	$109.72	$156.34
General Practice (GP)	362,139	16.62	11.90	15.97	18.78	22.06	24.77	25.55	17.34	16.99	14.83	13.64	14.38	17.93	22.59
Family Practice (FP)	35,005	1.61	1.18	1.51	1.77	2.12	2.51	1.63	1.59	1.64	1.55	2.16	1.78	1.38	0.89
Internal Medicine (IM)	536,649	24.62	18.73	25.46	27.54	31.36	29.14	25.19	24.24	25.47	18.96	33.82	18.53	20.46	29.03
Cardiovascular Disease (CD)	73,546	3.37	3.17	3.43	3.48	3.94	2.95	4.08	2.89	3.48	2.51	4.15	3.07	2.27	4.87
Dermatology (DER)	30,004	1.38	1.13	1.58	1.42	1.52	1.42	1.61	1.22	1.46	0.61	1.52	0.69	1.26	2.56
General Surgery (GS)	314,422	14.43	12.86	15.02	14.90	16.03	15.39	16.10	13.30	15.00	10.25	16.88	13.10	12.60	16.51
Oto/Laryn/Rhin (OLR)	30,821	1.41	1.49	1.58	1.32	1.25	1.01	1.60	1.29	1.49	0.86	1.68	0.91	1.23	2.25
Ophthalmology (OPH)	173,250	7.95	5.40	8.10	9.52	11.29	9.21	7.11	8.52	8.29	5.43	9.88	5.66	6.81	11.15
Orthopedic Surgery (ORS)	150,351	6.90	5.00	5.75	7.64	9.44	12.88	4.33	8.64	7.33	2.69	7.44	5.69	5.75	10.37
Urology (U)	143,579	6.59	5.07	7.07	7.64	8.01	6.67	13.20	2.11	6.85	5.13	7.71	5.07	5.76	9.10
Anesthesiology (AN)[2]	118,426	5.43	4.84	5.74	5.69	5.85	5.65	6.59	4.65	5.63	4.06	5.67	4.42	4.65	8.36
Pathology (P)[2]	27,788	1.28	1.02	1.31	1.39	1.64	1.38	1.57	1.08	1.29	1.35	0.52	1.24	2.11	0.88
Radiology (R)[2]	154,602	7.09	6.38	7.30	7.74	7.72	6.91	7.67	6.71	7.31	6.07	5.56	6.43	8.48	7.93
Chiropractic (CH)	14,049	0.65	0.71	0.72	0.61	0.54	0.35	0.60	0.68	0.70	0.21	0.64	0.47	0.53	1.18
Podiatry (POD)	39,878	1.83	1.25	1.76	2.19	2.46	2.62	1.08	2.34	1.87	1.69	3.38	0.93	1.26	2.10
Multi-Specialty (M)	153,101	7.03	6.40	7.20	7.85	6.91	7.27	7.96	6.39	7.30	5.07	2.44	9.54	5.93	12.01
Unknown	53,352	2.45	1.95	2.26	2.77	3.25	3.16	2.69	2.29	2.59	1.17	4.61	3.33	0.88	0.65
All other (residual)	240,874	11.05	11.17	12.25	10.93	10.30	8.11	11.91	10.47	11.60	7.06	13.31	8.04	10.44	13.91

(continued)

TABLE 22a (Continued)
Medicare: Total Reimbursements and Reimbursement Per Enrollee for the Aged, by Physician Specialty, and by Age, Sex, Race, and Census Region, U.S., 1975-1978

Physician Specialty	Total (thousands)	Reimbursement Per Enrollee													
		U.S. Total	Age					Sex		Race		Census Region			
			65-69	70-74	75-79	80-84	85+	Men	Women	White	Other	NE	NC	South	West
								1976							
All Physicians[1]	$3,076,176	$138.02	$124.37	$138.44	$149.18	$153.30	$143.72	$148.02	$131.29	$142.81	$105.67	$154.56	$115.03	$123.19	$181.09
General Practice (GP)	364,272	16.34	12.75	15.31	17.86	21.09	23.60	15.26	17.08	16.74	14.14	13.05	14.45	16.86	23.65
Family Practice (FP)	62,560	2.81	2.24	2.69	3.01	3.60	3.81	2.79	2.82	2.83	2.93	3.47	2.14	3.55	1.55
Internal Medicine (IM)	617,095	27.69	23.51	27.35	30.50	33.40	30.73	27.76	27.64	28.43	23.33	37.48	20.62	23.71	32.56
Cardiovascular Disease (CD)	81,968	3.68	3.60	3.62	4.13	3.83	2.96	4.34	3.24	3.79	2.61	5.38	2.11	2.77	5.50
Dermatology (DER)	34,540	1.55	1.43	1.60	1.72	1.52	1.54	1.78	1.40	1.66	0.46	1.84	0.74	1.32	2.96
General Surgery (GS)	376,069	16.87	16.28	17.59	17.40	17.10	15.50	18.49	15.79	17.50	12.61	19.35	15.28	14.59	20.28
Oto/Laryn/Rhin (OLR)	34,329	1.54	1.83	1.66	1.39	1.24	0.78	1.77	1.38	1.60	1.14	1.70	0.99	1.29	2.75
Ophthalmology (OPH)	212,105	9.52	7.44	9.05	12.36	12.11	9.09	9.26	9.69	9.88	7.28	10.77	6.96	8.32	14.33
Orthopedic Surgery (ORS)	187,194	8.40	6.47	7.15	9.61	10.92	13.66	5.22	10.54	8.96	3.12	9.21	6.53	7.13	12.84
Urology (U)	174,243	7.82	6.57	8.78	8.56	8.69	6.78	15.88	2.39	8.09	6.59	8.95	6.19	7.51	9.45
Anesthesiology (AN)[2]	137,449	6.17	5.94	6.57	6.36	6.08	5.50	7.55	5.24	6.43	4.32	6.87	4.89	4.98	9.61
Pathology (P)[2]	27,337	1.23	1.06	1.27	1.30	1.59	1.06	1.40	1.11	1.26	1.14	0.41	0.94	2.31	0.84
Radiology (R)[2]	180,954	8.12	8.06	8.42	8.70	7.67	6.77	8.99	7.54	8.33	7.03	6.87	6.93	9.69	8.99
Chiropractic (CH)	16,116	0.72	0.89	0.81	0.64	0.55	0.24	0.65	0.76	0.79	0.15	0.61	0.64	0.54	1.38
Podiatry (POD)	47,681	2.14	1.68	2.05	2.40	2.63	2.94	1.30	2.70	2.16	2.18	4.19	1.18	1.36	2.15
Multi-Specialty (M)	169,989	7.63	7.87	8.08	7.40	6.99	6.70	8.45	7.07	7.86	6.17	3.49	11.95	4.10	13.56
Unknown	43,819	1.97	1.71	1.76	1.98	2.64	2.63	2.10	1.88	2.09	0.98	3.85	3.02	0.25	0.66
All other (residual)	308,456	13.84	15.04	14.68	13.87	11.67	9.46	15.04	13.04	14.42	9.49	17.13	9.48	12.91	18.05
								1977							
All Physicians[1]	$3,492,446	$153.09	$131.76	$153.04	$168.23	$172.02	$175.93	$166.37	$144.19	$157.74	$112.05	$167.47	$132.58	$126.99	$217.01
General Practice (GP)	357,279	15.66	11.78	14.43	17.47	20.10	24.22	14.97	16.12	15.99	13.00	12.70	15.28	14.09	23.87
Family Practice (FP)	90,009	3.95	3.12	3.54	4.48	5.16	5.49	3.63	4.16	4.05	3.11	3.81	3.24	5.02	3.23
Internal Medicine (IM)	691,452	30.31	24.51	29.76	34.10	36.52	37.39	30.38	30.26	30.98	25.20	39.33	23.58	25.22	37.95
Cardiovascular Disease (CD)	99,443	4.36	4.05	4.58	4.50	4.83	3.90	5.45	3.63	4.47	3.01	5.95	2.76	2.88	7.48
Dermatology (DER)	44,291	1.94	1.69	1.95	2.17	2.21	2.01	2.37	1.65	2.08	0.52	2.05	0.94	1.69	3.95
General Surgery (GS)	410,401	17.99	16.38	18.29	19.49	19.24	18.25	20.33	16.43	18.49	13.27	21.08	16.20	14.96	22.30
Oto/Laryn/Rhin (OLR)	42,952	1.88	2.19	2.07	1.78	1.34	1.15	2.35	1.57	1.96	1.04	2.13	1.31	1.48	3.27
Ophthalmology (OPH)	244,210	10.71	7.70	10.60	13.47	13.55	12.61	10.01	11.17	11.13	6.99	12.17	8.17	9.10	15.92
Orthopedic Surgery (ORS)	214,185	9.39	7.14	8.36	10.08	11.56	16.70	6.23	11.50	9.98	3.88	10.25	7.62	7.68	14.39
Urology (U)	195,109	8.55	7.40	9.13	9.74	8.89	8.19	17.38	2.64	8.77	7.13	9.59	6.57	7.51	12.39
Anesthesiology (AN)[2]	163,844	7.18	6.74	7.52	7.40	7.02	7.64	8.85	6.07	7.43	4.83	7.86	5.62	5.44	12.20
Pathology (P)[2]	31,054	1.36	1.18	1.33	1.54	1.46	1.64	1.61	1.19	1.39	1.13	0.43	0.98	2.50	1.19
Radiology (R)[2]	212,798	9.33	8.67	9.57	10.19	9.59	8.88	10.44	8.58	9.54	7.55	8.01	8.55	9.84	11.66
Chiropractic (CH)	18,006	0.79	0.95	0.86	0.81	0.53	0.28	0.73	0.83	0.85	0.22	0.59	0.76	0.56	1.59
Podiatry (POD)	54,491	2.39	1.78	2.25	2.65	3.11	3.56	1.43	3.03	2.42	2.12	4.18	1.37	1.58	2.98
Multi-Specialty (M)	204,449	8.96	8.05	9.53	9.85	9.41	8.19	10.05	8.24	9.13	7.44	3.85	14.02	4.12	17.68
Unknown	49,035	2.15	1.70	2.03	2.28	2.53	3.41	2.36	2.01	2.28	0.98	3.35	4.18	0.26	0.66
All other (residual)	369,441	16.19	16.75	17.25	16.23	14.99	12.44	17.81	15.11	16.81	10.62	20.15	11.46	13.06	24.31
								1978							
All Physicians[1]	$4,250,246	$182.08	$143.00	$182.69	$206.68	$215.91	$228.01	$198.11	$171.39	$186.50	$138.12	$202.21	$159.41	$154.28	$243.80
General Practice (GP)	403,964	17.31	11.65	16.01	19.62	23.41	29.09	16.53	17.83	17.49	14.88	13.25	17.35	16.96	23.94
Family Practice (FP)	119,912	5.14	3.48	4.76	5.96	6.75	8.53	4.79	5.37	5.25	4.14	5.01	4.69	5.85	4.68
Internal Medicine (IM)	855,119	36.63	26.63	36.10	43.06	45.51	49.90	37.04	36.36	37.37	30.27	48.14	29.61	30.67	42.76
Cardiovascular Disease (CD)	141,959	6.08	5.44	6.12	6.64	6.81	6.18	7.70	5.00	6.17	4.27	8.60	4.13	4.15	9.25
Dermatology (DER)	49,929	2.14	1.69	2.25	2.47	2.34	2.51	2.55	1.86	2.30	.57	2.44	1.00	1.87	4.08
General Surgery (GS)	480,914	20.60	17.82	21.20	22.68	22.36	22.42	23.22	18.86	21.13	15.15	24.10	18.34	17.97	24.31
Oto/Laryn/Rhin (OLR)	49,287	2.11	2.13	2.40	2.09	1.85	1.57	2.58	1.80	2.20	1.41	2.38	1.42	1.81	3.44
Ophthalmology (OPH)	298,463	12.79	8.02	12.82	16.42	17.72	16.04	11.62	13.56	13.11	9.50	13.96	10.08	11.05	18.91
Orthopedic Surgery (ORS)	253,524	10.86	7.68	9.08	11.74	15.29	20.21	7.13	13.35	11.42	5.18	12.29	8.94	8.59	16.36
Urology (U)	228,460	9.79	7.43	10.36	11.89	11.13	10.61	20.00	2.97	9.92	8.81	11.00	8.16	8.29	13.56
Anesthesiology (AN)[2]	199,496	8.55	7.35	8.97	9.56	8.99	9.01	10.59	7.18	8.82	5.89	9.25	7.18	6.78	13.21
Pathology (P)[2]	46,283	1.98	1.55	2.14	2.03	2.30	2.61	2.25	1.80	2.00	1.79	.51	1.50	3.70	1.60
Radiology (R)[2]	279,806	11.99	9.90	12.71	13.29	13.26	13.14	13.35	11.08	12.20	9.98	10.42	11.08	12.77	14.26
Chiropractic (CH)	24,444	1.05	1.12	1.28	1.07	.77	.40	.98	1.09	1.13	.20	.79	1.07	.79	1.90
Podiatry (POD)	67,966	2.91	1.89	2.73	3.38	3.91	4.93	1.80	3.65	2.97	2.41	5.17	1.64	2.05	3.36
Multi-Specialty (M)	240,446	10.30	9.08	10.48	11.08	11.46	11.08	11.83	9.28	10.51	7.07	5.13	16.61	4.47	18.99
Unknown	45,325	1.94	1.47	1.90	2.11	2.31	3.01	2.00	1.90	2.06	1.04	4.19	2.50	.29	.94
All other (residual)	464,949	19.92	18.68	21.40	21.61	19.74	16.77	22.14	18.44	20.44	15.58	25.59	14.13	16.23	28.25

[1] Total excludes suppliers.
[2] Data for hospital-based physicians are incomplete because of billing and reimbursement procedures. (See Appendix A for more detail.)

22b. Reimbursement Per Enrollee for the Disabled, by Physician Specialty, and by Age, Sex, Race, and Census Region

1975

Total Medicare reimbursements to all physicians for the Disabled were $240 million or $123 per enrollee in 1975. As with the Aged, about 20 percent of Medicare reimbursements went for services of internists; general practitioners, and general surgeons—each received about 11 percent from Medicare. By specialty, reimbursement per enrollee was similar to that of the Aged except for ophthalmology, which was considerably lower.

1975-1978

Each specialty had an increase in average reimbursement per enrollee during this period except general practice which showed a decrease; average reimbursement for family practice more than doubled.

TABLE 22b
Medicare: Total Reimbursements and Reimbursement Per Enrollee for the Disabled, by Physician Specialty, and by Age, Sex, Race, and Census Region, U.S., 1975-1978

Physician Specialty	Total (thousands)	Reimbursement Per Enrollee											
		U.S. Total	Age			Sex		Race		Census Region			
			Under 25	25-44	45-64	Men	Women	White	Other	NE	NC	South	West
							1975						
All Physicians[1]	$239,824	$123.29	—	—	—	—	—	—	—	$126.34	$110.29	$107.24	$174.81
General Practice (GP)	25,476	13.10	—	—	—	—	—	—	—	—	—	—	—
Family Practice (FP)	2,678	1.38	—	—	—	—	—	—	—	—	—	—	—
Internal Medicine (IM)	48,529	24.95	—	—	—	—	—	—	—	—	—	—	—
Cardiovascular Disease (CD)	8,602	4.42	—	—	—	—	—	—	—	—	—	—	—
Dermatology (DER)	1,251	0.64	—	—	—	—	—	—	—	—	—	—	—
General Surgery (GS)	26,983	13.87	—	—	—	—	—	—	—	—	—	—	—
Oto/Laryn/Rhin (OLR)	2,625	1.35	—	—	—	—	—	—	—	—	—	—	—
Ophthalmology (OPH)	5,315	2.73	—	—	—	—	—	—	—	—	—	—	—
Orthopedic Surgery (ORS)	14,968	7.70	—	—	—	—	—	—	—	—	—	—	—
Urology (U)	8,031	4.13	—	—	—	—	—	—	—	—	—	—	—
Anesthesiology (AN)[2]	11,259	5.79	—	—	—	—	—	—	—	—	—	—	—
Pathology (P)[2]	2,521	1.30	—	—	—	—	—	—	—	—	—	—	—
Radiology (R)[2]	12,941	6.65	—	—	—	—	—	—	—	—	—	—	—
Chiropractic (CH)	1,237	0.64	—	—	—	—	—	—	—	—	—	—	—
Podiatry (POD)	1,779	0.91	—	—	—	—	—	—	—	—	—	—	—
Multi-Specialty (M)	19,062	9.80	—	—	—	—	—	—	—	—	—	—	—
Unknown	4,779	2.46	—	—	—	—	—	—	—	—	—	—	—
All other (residual)	41,791	21.48	—	—	—	—	—	—	—	—	—	—	—

(continued)

TABLE 22b (Continued)
Medicare: Total Reimbursements and Reimbursement Per Enrollee for the Disabled, by Physician Specialty, and by Age, Sex, Race, and Census Region, U.S., 1975-1978

Physician Specialty	Total (thousands)	Reimbursement Per Enrollee											
		U.S. Total	Age			Sex		Race		Census Region			
			Under 25	25-44	45-64	Men	Women	White	Other	NE	NC	South	West
						1976							
All Physicians[1]	$327,485	$152.83	$142.37	$125.41	$160.70	$135.46	$181.59	$156.88	$137.45	$157.27	$141.47	$129.58	$212.35
General Practice (GP)	31,302	14.61	5.48	9.65	16.29	12.56	18.00	15.18	12.49	10.72	12.33	14.74	22.40
Family Practice (FP)	5,299	2.47	2.20	1.53	2.74	2.17	2.97	2.53	2.30	2.53	2.35	2.90	1.64
Internal Medicine (IM)	65,308	30.48	16.34	22.62	33.13	26.36	37.31	30.32	32.87	38.11	25.19	25.16	39.30
Cardiovascular Disease (CD)	10,769	5.03	1.49	1.83	6.03	5.27	4.63	5.36	3.38	6.22	4.34	3.78	7.14
Dermatology (DER)	1,869	0.87	0.41	0.64	0.95	0.72	1.13	0.95	0.52	1.05	0.49	0.60	1.79
General Surgery (GS)	37,970	17.72	20.41	13.88	18.67	16.44	19.84	17.90	17.56	20.22	16.54	15.35	21.27
Oto/Laryn/Rhin (OLR)	4,140	1.93	0.93	1.33	2.13	1.82	2.11	2.10	1.17	1.69	1.78	1.41	3.59
Ophthalmology (OPH)	9,286	4.33	0.78	2.46	4.97	3.82	5.18	4.45	3.78	5.15	3.70	3.66	5.62
Orthopedic Surgery (ORS)	19,399	9.05	5.75	8.28	9.38	6.80	12.79	9.98	4.74	9.53	6.87	7.29	15.25
Urology (U)	11,910	5.56	8.60	4.24	5.81	6.26	4.39	5.73	4.64	6.66	4.12	5.16	7.00
Anesthesiology (AN)[2]	15,359	7.17	7.18	6.16	7.44	6.48	8.31	7.45	6.04	7.19	6.43	5.77	11.19
Pathology (P)[2]	3,421	1.60	2.45	1.27	1.66	1.48	1.79	1.59	1.76	0.33	1.70	2.60	0.88
Radiology (R)[2]	18,384	8.58	4.94	6.02	9.41	7.62	10.18	8.85	7.47	5.92	8.11	9.87	9.70
Chiropractic (CH)	1,398	0.65	0.22	0.43	0.73	0.47	0.96	0.75	0.20	0.55	0.43	0.41	1.64
Podiatry (POD)	3,238	1.51	0.97	0.92	1.69	1.00	2.36	1.43	2.03	2.87	1.22	0.56	2.24
Multi-Specialty (M)	23,597	11.01	21.72	9.52	11.04	10.63	11.65	11.58	8.36	4.67	20.16	6.18	16.83
Unknown	4,916	2.29	1.66	2.42	2.28	2.15	2.54	2.28	2.03	6.04	3.21	0.23	0.68
All other (residual)	59,920	27.96	40.88	32.23	26.34	23.44	35.46	28.48	26.14	27.82	22.51	23.92	44.22
						1977							
All Physicians[1]	$386,433	$164.65	$133.41	$132.29	$174.78	$144.87	$197.14	$168.66	$148.59	$172.21	$156.19	$128.13	$247.49
General Practice (GP)	32,622	13.90	5.13	8.97	15.59	11.91	17.16	14.50	11.39	10.09	14.30	12.44	21.54
Family Practice (FP)	7,973	3.40	1.31	2.25	3.79	2.95	4.14	3.58	2.68	3.24	2.97	3.80	3.37
Internal Medicine (IM)	77,710	33.11	19.23	22.77	36.49	28.18	41.21	32.63	36.83	41.74	29.81	26.22	41.76
Cardiovascular Disease (CD)	13,258	5.65	0.69	1.94	6.86	5.87	5.29	5.93	4.00	7.16	4.52	3.42	10.21
Dermatology (DER)	2,453	1.05	0.95	0.79	1.12	0.93	1.24	1.13	0.64	0.99	0.67	0.77	2.25
General Surgery (GS)	42,501	18.11	19.08	12.97	19.50	16.13	21.37	18.60	16.19	20.10	15.89	15.54	24.47
Oto/Laryn/Rhin (OLR)	4,279	1.82	1.10	1.34	1.98	1.63	2.14	1.90	1.37	1.62	1.61	1.36	3.40
Ophthalmology (OPH)	11,557	4.92	1.82	2.65	5.67	4.29	5.97	4.91	4.92	6.32	3.88	3.85	6.95
Orthopedic Surgery (ORS)	22,608	9.63	4.96	8.61	10.09	7.06	13.87	10.45	5.84	9.40	8.22	7.45	16.79
Urology (U)	13,579	5.79	5.10	4.17	6.26	6.83	4.07	6.10	4.24	6.33	4.44	4.87	9.01
Anesthesiology (AN)[2]	17,807	7.59	7.89	5.87	8.05	6.96	8.62	8.01	5.62	7.86	6.97	5.62	12.45
Pathology (P)[2]	3,924	1.67	2.72	1.38	1.72	1.54	1.90	1.66	1.63	0.57	1.59	2.61	1.18
Radiology (R)[2]	22,958	9.78	5.75	6.67	10.79	8.58	11.76	10.06	8.73	8.15	9.05	9.77	13.01
Chiropractic (CD)	1,721	0.73	0.18	0.52	0.81	0.56	1.02	0.83	0.25	0.56	0.68	0.43	1.71
Podiatry (POD)	3,855	1.64	0.48	1.06	1.85	1.06	2.60	1.59	1.96	2.83	1.35	0.69	2.62
Multi-Specialty (M)	28,757	12.25	15.10	10.88	12.53	10.56	15.04	12.62	10.62	6.32	22.55	4.85	21.73
Unknown	5,587	2.38	2.53	2.30	2.40	2.29	2.53	2.40	2.43	6.39	3.06	0.32	0.72
All other (residual)	73,283	31.23	39.39	37.15	29.28	27.57	37.23	31.77	29.29	32.56	24.65	24.13	54.34
						1978							
All Physicians[1]	$489,427	$194.90	$158.35	$157.11	$206.85	$172.75	$231.30	$198.77	$176.70	$209.85	$185.31	$159.75	$266.16
General Practice (GP)	37,653	14.99	4.41	9.55	16.91	12.65	18.85	15.35	13.22	10.63	15.68	14.35	21.15
Family Practice (FP)	11,410	4.54	1.06	2.80	5.16	3.98	5.46	4.84	3.12	4.43	4.50	4.56	4.72
Internal Medicine (IM)	98,892	39.38	27.86	26.03	43.56	33.34	49.31	38.71	43.36	50.62	34.47	33.64	44.34
Cardiovascular Disease (CD)	18,188	7.24	1.23	2.72	8.73	7.51	6.80	7.69	5.05	8.47	5.93	5.30	11.80
Dermatology (DER)	2,768	1.10	0.53	0.79	1.21	0.90	1.44	1.20	0.64	1.17	0.71	0.87	2.08
General Surgery (GS)	53,132	21.16	22.58	16.54	22.41	19.59	23.73	21.56	18.81	25.55	19.38	19.05	22.68
Oto/Laryn/Rhin (OLR)	6,000	2.39	2.08	2.07	2.49	2.10	2.87	2.54	1.52	2.33	2.21	1.85	3.92
Ophthalmology (OPH)	14,148	5.63	1.74	3.10	6.49	5.03	6.63	5.83	4.55	6.54	4.41	4.57	8.57
Orthopedic Surgery (ORS)	27,182	10.82	3.48	8.00	11.88	8.03	15.42	11.81	6.28	10.30	8.68	9.19	18.11
Urology (U)	15,959	6.36	8.00	4.29	6.88	7.43	4.59	6.62	4.94	6.76	5.51	5.28	9.41
Anesthesiology (AN)[2]	23,622	9.41	12.74	7.47	9.83	9.00	10.07	9.75	7.57	10.01	9.18	7.20	13.81
Pathology (P)[2]	5,754	2.29	2.52	1.91	2.39	2.00	2.77	2.28	2.32	0.55	2.46	3.64	1.36
Radiology (R)[2]	30,067	11.97	6.67	8.11	13.25	10.36	14.62	12.27	10.62	9.80	11.10	13.06	13.61
Chiropractic (CH)	2,368	0.94	0.19	0.68	1.04	0.74	1.28	1.08	0.28	0.86	0.85	0.60	1.94
Podiatry (POD)	4,973	1.98	0.83	1.39	2.19	1.34	3.03	1.97	2.15	3.56	1.68	0.80	2.97
Multi-Specialty (M)	33,764	13.45	10.36	12.87	13.72	11.97	15.87	13.80	11.19	7.13	24.01	5.31	24.58
Unknown	6,869	2.74	3.70	2.97	2.64	2.55	3.04	2.56	3.92	8.70	2.21	0.37	0.95
All other (residual)	96,679	38.50	48.39	45.84	36.08	34.23	45.51	38.91	37.18	42.45	32.36	31.10	60.17

[1] Total excludes suppliers.
[2] Data for hospital-based physicians are incomplete because of billing and reimbursement procedures. (See Appendix A for more detail.)

Part VIII

Assignment Rates

23. Assignment Rates by Age, Sex, and Race

1975

The physician decides whether to accept assignment on each Medicare claim. (For a full discussion of assignment rates see Ferry *et al.,* 1980.) If the claim is assigned, the physician agrees to accept as full payment the allowed charge (see text footnote 2). On unassigned claims the patient is liable for the difference between the amount charged and the amount Medicare allows.

In most instances the percent of charges assigned was a little higher than the percent of services assigned. Among the Aged in 1975, 45.8 percent of all physicians' services and 47.2 percent of all physicians' charges were assigned. Assignment was higher for successively older age groups—42.0 percent of services for enrollees 65-69 years of age compared to 56.8 percent for enrollees 85 years and over—perhaps reflecting increased willingness on the part of physicians to accept assignment for long-time patients or for patients who have diminished income and assets. Also, as age increases there is increased dual coverage by Medicaid—for which there is mandatory assignment.

Assignment rates for services to persons of races other than white were considerably higher than for services to white persons—78.4 percent in contrast to 43.4 percent. Required assignment for Medicare enrollees who had dual coverage in a State Medicaid program very likely explains much of the difference.[8]

For the Disabled, the assignment rates were 59.7 percent of the services and 62.4 percent of total charges in 1975—proportions considerably higher that those for the Aged.

1975-1978

Nationally, assignment rates for services to Aged enrollees during the period 1975-1978 increased each year, reaching an estimated 47.4 percent of services and 48.5 percent of total charges. Assignment rates for the Disabled showed a similar pattern during the period, and were estimated to be 62.8 percent of services and 65.6 percent of charges in 1978.

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[8] Medicare data for the aged for 1975 show that 11.3 percent of total enrollees were included in State "buy-ins" to Medicare. By race the percent of white persons was 9.3 percent and of races other than white, 35.3 percent. For the disabled, 18.6 percent of Part B enrollees were included in State "buy-ins" to Medicare. The percent for white persons was 16.5 and for other races, 31.6 percent.

TABLE 23
Medicare: Assignment Rates for Aged and Disabled Persons, by Age, Sex, and Race, U.S., 1975-1978

Age, Sex, and Race	Percent of Services Assigned				Percent of Total Charges Assigned			
	1975[1]	1976[1]	1977[2]	1978	1975[1]	1976[1]	1977[2]	1978
	Aged							
U.S. Total	45.8	46.1	47.1	47.4[3]	47.2	47.2	48.4	48.7[3]
Age:								
65-69	42.0	42.3	42.6	—	44.1	43.8	44.0	—
70-74	43.3	43.6	43.9	—	45.0	45.2	45.9	—
75-79	46.2	45.8	47.5	—	47.5	47.6	49.5	—
80-84	49.8	49.8	51.5	—	49.4	50.6	52.5	—
85 and over	56.8	58.6	58.8	—	57.7	58.0	59.1	—
Sex:								
Men	45.5	45.5	46.3	—	47.0	46.9	47.4	—
Women	45.9	46.5	47.7	—	47.3	47.4	49.2	—
Race:								
White	43.4	43.6	44.9	—	45.0	44.9	46.3	—
Other races	78.4	78.0	77.9	—	79.3	78.6	78.3	—
	Disabled							
U.S. Total	59.7	60.6	62.2	62.8[3]	62.4	63.6	64.9	65.5[3]
Age:								
Under 25	—	83.8	85.7	—	—	84.3	84.6	—
25-44	—	74.0	74.7	—	—	75.5	76.9	—
45-64	—	57.3	59.1	—	—	60.2	61.6	—
Sex:								
Men	—	61.7	63.0	—	—	64.6	65.4	—
Women	—	59.2	61.3	—	—	62.2	64.2	—
Race:								
White	—	56.5	58.2	—	—	59.4	60.9	—
Other races	—	86.3	85.8	—	—	87.7	87.4	—
	Aged and Disabled							
U.S. Total	46.8	47.4	48.6	48.7[3]	48.4	48.8	50.1	50.2[3]
Sex:								
Men	—	47.5	48.5	—	—	49.0	49.8	—
Women	—	47.4	48.7	—	—	48.5	50.4	—
Race:								
White	—	44.7	46.1	—	—	46.2	47.7	—
Other races	—	79.3	79.5	—	—	80.3	80.3	—

[1] Data for California were incorrectly coded and have been omitted from U.S. total.
[2] Data for Texas were incorrectly coded and have been omitted from U.S. total.
[3] Data for several States were incorrectly coded but not exluded from U.S. total, thus, U.S. assignment rate is estimated.

24. Assignment Rates by State

1975

Among the regions, assignment rates of services to the Aged ranged from a low of 35.2 percent in the North Central region to a high of 56.8 percent in the Northeast. There were wide variations among the States, with the figures for the Aged ranging from a low of 18.0 percent of services assigned in Oregon to a high of 80.6 percent in Rhode Island. There was no apparent geographic pattern in rate of assignment for services to the Aged. Adjacent States often had greatly different rates: Pennsylvania—56.9 percent for services to Aged, and Ohio—27.3 percent.

The regional patterns in assignment rates for the Disabled were similar to the Aged, that is, they were highest in the Northeast (70.3 percent) and lowest in the North Central (55.0 percent).

1975-1978

Although the national trend during the period 1975 through 1978 showed a slight increase in assignment rates for services to the Aged, more than one-third of the States showed a decline. In 1978, Rhode Island and Oregon remained the States with the highest and lowest assignment rates for services to the Aged—83.9 percent and 19.7 percent. Assignment rates for services to Disabled persons ranged from 30.1 percent in Wyoming to 92.1 percent in the District of Columbia in 1978.

TABLE 24
Medicare: Assignment Rates for Aged and Disabled Persons, by State, 1975-1978

Area of Residence	Aged Enrollees								Disabled Enrollees							
	Percent of Services Assigned				Percent of Charges Assigned				Percent of Services Assigned				Percent of Charges Assigned			
	1975	1976	1977	1978	1975	1976	1977	1978	1975	1976	1977	1978	1975	1976	1977	1978
U.S. Total	45.8	46.1	47.1	47.4	47.2	47.2	48.4	48.7	59.7	60.6	62.2	62.8	62.4	63.6	64.9	65.5
Northeast	56.8	57.3	57.2	59.7	59.9	60.3	60.1	62.3	70.3	71.6	72.5	74.7	74.2	75.3	74.8	76.3
New England	66.3	66.8	66.6	68.5	64.6	66.9	67.1	68.8	—	79.1	79.0	82.5	—	78.8	77.4	81.2
Maine	78.2	75.5	74.2	72.8	72.5	74.3	72.2	70.7	—	86.0	89.4	87.6	—	85.4	87.2	82.7
New Hampshire	58.0	58.2	57.6	59.9	52.3	50.5	53.0	58.8	—	63.2	57.5	70.1	—	63.8	67.3	76.1
Vermont	68.8	62.3	58.4	58.1	70.6	60.3	57.0	52.7	—	81.6	77.1	74.0	—	85.0	80.8	80.8
Massachusetts	76.3	77.6	80.3	78.3	77.4	79.7	82.6	80.6	—	88.4	89.4	90.7	—	87.6	87.9	90.1
Rhode Island	80.6	81.1	81.4	83.9	81.6	82.4	83.1	84.2	—	86.2	87.1	89.2	—	88.8	85.4	90.4
Connecticut	31.2	35.1	35.7	42.3	31.2	35.8	34.6	39.5	—	54.9	56.7	65.5	—	57.7	55.0	58.2
Middle Atlantic	53.8	54.3	54.4	56.8	58.6	58.4	58.3	60.5	—	69.6	70.8	72.2	—	74.5	74.2	75.1
New York	54.9	55.8	55.2	57.8	57.7	57.9	56.7	59.6	—	71.1	72.2	73.8	—	72.8	72.2	73.8
New Jersey	46.2	47.1	46.1	46.8	52.3	51.3	51.6	52.4	—	62.0	60.0	62.9	—	70.3	66.2	70.8
Pennsylvania	56.9	56.1	58.6	62.3	65.1	64.6	65.9	69.1	—	72.5	75.3	76.1	—	80.6	81.7	80.9
North Central	35.2	35.9	36.8	37.0	36.7	37.0	37.5	37.5	55.0	55.0	56.6	58.1	57.5	57.4	58.3	60.0
East North Central	36.7	37.3	38.4	38.3	38.6	39.1	39.3	39.4	—	56.6	58.8	58.6	—	57.8	59.8	61.3
Ohio	27.3	26.5	28.0	29.1	26.6	26.4	27.2	27.6	—	49.4	48.9	52.8	—	49.5	46.4	50.4
Indiana	27.6	27.8	29.1	28.7	25.0	25.2	24.1	25.0	—	48.5	51.0	51.2	—	48.0	51.5	48.8
Illinois	31.5	32.1	32.4	33.9	32.2	34.1	32.9	33.8	—	50.3	54.3	53.7	—	51.4	56.0	57.5
Michigan	65.8	67.6	64.0	65.0	66.0	68.1	65.5	68.5	—	74.0	73.9	74.8	—	75.8	75.9	80.1
Wisconsin	43.6	40.7	37.4	38.5	35.6	31.4	29.7	31.1	—	64.3	64.4	59.8	—	53.6	52.6	52.4
West North Central	32.4	33.1	33.3	34.1	32.8	32.3	33.2	33.0	—	50.4	49.7	56.4	—	56.1	53.8	56.1
Minnesota	32.3	30.0	32.1	32.4	29.5	26.9	30.0	28.3	—	52.0	45.8	49.9	—	62.7	50.1	52.0
Iowa	28.8	29.0	29.5	31.3	25.8	27.6	27.8	27.8	—	46.9	54.9	59.0	—	47.6	56.5	58.0
Missouri	29.7	34.1	34.1	36.2	31.8	32.7	34.2	35.5	—	46.9	46.5	54.5	—	50.7	49.3	51.0
North Dakota	36.9	34.5	38.4	[3]	33.2	33.2	32.1	27.8	—	55.3	45.1	52.3	—	53.7	50.0	68.1
South Dakota	24.2	25.9	22.7	[3]	19.8	20.0	17.8	26.0	—	37.4	45.4	52.3	—	67.1	64.2	53.8
Nebraska	26.5	27.1	24.9	25.4	29.6	27.2	25.9	24.1	—	55.0	46.0	55.9	—	52.5	49.6	57.6
Kansas	50.8	48.2	47.3	46.4	52.4	52.1	49.9	49.9	—	62.8	65.8	70.5	—	63.1	67.5	69.7
South	47.6	47.7	[2]	[3]	46.1	45.9	[2]	[3]	58.9	60.1	[2]	[3]	59.2	61.9	[2]	[3]
South Atlantic	42.8	44.7	45.2	45.5	43.8	45.5	45.9	45.5	—	59.8	57.7	60.0	—	63.7	61.7	62.6
Delaware	62.0	62.4	67.5	70.9	62.1	60.2	60.2	66.6	—	83.6	80.1	84.9	—	80.2	78.8	83.1
Maryland	54.1	55.6	62.3	63.3	57.2	59.9	64.2	65.0	—	76.0	73.6	77.3	—	77.9	76.8	78.5
Dist. of Columbia	58.6	64.3	64.8	67.5	68.8	66.0	64.5	69.3	—	89.0	87.2	92.1	—	90.8	87.4	91.8
Virginia	48.2	51.0	50.2	51.7	49.4	51.1	50.9	51.4	—	67.0	67.2	72.7	—	68.0	71.1	70.7
West Virginia	45.7	49.8	50.8	54.2	47.5	51.5	50.7	51.6	—	61.1	55.5	60.1	—	60.5	59.8	62.0
North Carolina	45.7	48.4	48.1	49.9	46.7	50.8	49.2	49.5	—	55.2	55.2	59.6	—	63.7	64.1	68.1
South Carolina	59.2	54.7	54.7	59.7	61.1	59.2	57.9	58.4	—	63.5	64.0	65.6	—	69.5	69.4	72.5
Georgia	53.6	50.6	48.4	52.0	53.2	49.2	48.5	50.8	—	56.1	57.4	63.6	—	60.6	63.0	67.0
Florida	32.4	33.2	35.1	35.1	34.5	34.5	35.6	35.7	—	52.7	48.1	47.7	—	54.5	46.7	47.2
East South Central	52.9	53.4	53.0	52.8	50.6	50.2	49.3	49.0	—	59.8	60.4	60.7	—	63.0	61.0	62.0
Kentucky	38.0	35.4	38.6	42.5	37.8	33.1	35.3	38.1	—	47.7	49.4	50.3	—	54.5	51.1	52.6
Tennessee	43.7	46.9	46.2	50.0	43.3	43.3	42.8	42.9	—	57.1	58.7	61.9	—	60.1	56.4	58.1
Alabama	59.7	57.8	61.2	[3]	60.1	58.1	61.8	56.9	—	68.4	68.4	66 2	—	71.9	73.1	72.2
Mississippi	70.1	72.0	68.9	[3]	62.7	67.6	63.0	64.1	—	63.4	64.5	63.2	—	61.9	64.0	64.6
West South Central	51.4	48.8	[2]	[3]	48.0	44.2	[2]	[3]	—	60.7	[2]	[3]	—	57.8	[2]	[3]
Arkansas	57.5	57.0	59.0	58.2	52.2	51.5	49.8	48.2	—	61.9	63.1	59.3	—	56.0	52.3	53.6
Louisiana	39.1	39.8	42.3	[3]	33.1	36.9	33.9	33.5	—	51.1	51.3	52.1	—	48.4	48.5	52.9
Oklahoma	32.6	34.2	34.5	33.1	31.2	30.9	30.1	31.4	—	44.7	41.3	43.0	—	43.9	40.0	43.6
Texas	56.7	52.0	[2]	[3]	54.2	47.6	[2]	[3]	—	66.2	[2]	[3]	—	63.5	[2]	[3]
West	[1]	[1]	47.9	42.0	[1]	[1]	48.5	41.3	[1]	[1]	64.5	61.6	[1]	[1]	66.9	61.5
Mountain	35.8	35.1	34.9	37.0	37.4	35.7	34.3	35.4	—	48.8	47.0	51.1	—	52.5	49.4	52.3
Montana	22.5	25.7	25.2	26.9	22.6	18.7	21.8	26.8	—	44.1	36.0	49.0	—	44.0	41.5	48.9
Idaho	21.5	26.6	22.9	27.3	26.3	26.5	21.7	26.3	—	44.5	44.1	41.9	—	47.4	51.4	43.5
Wyoming	27.5	20.1	21.7	28.3	30.8	19.5	20.7	26.9	—	28.7	29.0	30.1	—	30.8	22.1	31.9
Colorado	50.3	49.3	52.2	[3]	48.8	47.1	51.1	45.9	—	61.1	61.9	66.6	—	60.9	60.6	65.1
New Mexico	45.1	46.6	47.5	46.9	47.7	43.9	41.3	42.0	—	63.0	59.4	61.2	—	60.5	55.1	57.4
Arizona	27.1	22.8	21.2	26.5	27.8	25.4	25.4	26.8	—	31.6	31.6	32.7	—	39.1	39.4	40.2
Utah	35.3	37.7	44.2	44.2	41.0	40.7	37.9	44.3	—	54.1	64.3	56.3	—	54.2	52.9	50.4
Nevada	42.6	48.2	40.5	40.8	47,5	59.7	48.1	48.8	—	68.8	56.8	66.5	—	81.0	65.3	72.4
Pacific	[1]	[1]	51.2	43.5	[1]	[1]	51.5	42.7	—	[1]	68.4	64.2	—	[1]	70.3	63.4
Washington	34.5	35.4	34.1	[3]	34.2	33.8	32.8	31.2	—	49.6	47.8	50.4	—	50.8	46.6	51.6
Oregon	18.0	17.8	19.7	19.7	19.9	18.2	22.1	20.3	—	35.1	37.8	38.7	—	38.9	41.6	44.3
California	[1]	[1]	57.2	[3]	[1]	[1]	56.4	45.7	—	[1]	73.5	67.4	—	[1]	74.2	65.4
Alaska	34.0	28.4	27.3	42.6	38.2	24.6	22.7	38.6	—	59.7	69.2	67.3	—	62.8	76.0	70.9
Hawaii	39.1	40.5	43.3	[3]	38.5	41.3	43.5	33.1	—	65.8	67.4	73.9	—	60.5	67.0	70.8

[1] Data for California were incorrectly coded and have been omitted from U.S. total.
[2] Data for Texas were incorrectly coded and have been omitted from U.S. total.
[3] Data for several States were incorrectly coded but not excluded from U.S. total, thus, U.S. assignment rate is estimated.

25. Assignment Rates by Physician Specialty

1975

The assignment rate for services and charges according to the specialties of the physicians varied considerably. In 1975, the percentage of services assigned for the Aged ranged from 22.9 percent for services by licensed chiropractors to 64.7 percent for services by pathologists. The percentage of charges assigned ranged from 24.7 percent for licensed chiropractors to 64.2 percent for podiatrists.

1975-1978

Assignment rates by physician specialty for services to the Aged showed no particular pattern during the period 1975 through 1977 (data for 1978 were not available).

TABLE 25
Medicare: Assignment Rates for Aged and Disabled Persons, by Physician Specialty, U.S., 1975-1978

Physician Specialty	Percent of Services Assigned				Percent of Total Charges Assigned			
	1975[1]	1976[1]	1977[2]	1978[3]	1975[1]	1976[1]	1977[2]	1978[3]
	Aged							
General Practice (GP)	42.9	41.5	41.9	—	44.1	42.7	44.6	—
Family Practice (FP)	47.6	46.7	44.3	—	50.3	49.9	46.2	—
Internal Medicine (IM)	39.7	38.7	39.3	—	43.4	43.1	44.1	—
Cardiovascular Disease (CD)	44.5	46.9	47.8	—	47.5	49.2	51.7	—
Dermatology (DER)	33.8	34.6	38.3	—	40.2	43.4	44.3	—
General Surgery (GS)	47.4	46.5	46.5	—	51.9	49.8	50.5	—
Oto/Laryn/Rhin (OLR)	29.0	27.2	29.3	—	35.5	32.0	37.6	—
Ophthalmology (OPH)	29.5	27.5	28.7	—	38.4	36.4	37.9	—
Orthopedic Surgery (ORS)	41.0	39.7	42.4	—	47.1	44.2	48.0	—
Urology (U)	39.9	39.2	39.1	—	45.8	43.1	43.6	—
Anesthesiology (AN)[3]	48.9	47.0	46.9	—	46.5	45.4	46.1	—
Pathology (P)[3]	64.7	62.3	61.2	—	60.5	60.2	61.5	—
Radiology (R)[3]	57.5	61.9	59.0	—	52.8	58.4	56.1	—
Chiropractic (CH)	22.9	17.8	22.8	—	24.7	19.4	25.3	—
Podiatry (POD)	57.3	58.8	59.2	—	64.2	67.1	66.6	—
	Disabled							
General Practice (GP)	—	53.5	54.5	—	—	55.4	57.2	—
Family Practice (FP)	—	58.5	56.3	—	—	62.0	57.8	—
Internal Medicine (IM)	—	54.1	53.5	—	—	59.7	61.5	—
Cardiovascular Disease (CD)	—	51.3	54.5	—	—	57.4	57.7	—
Dermatology (DER)	—	46.5	56.0	—	—	50.4	57.6	—
General Surgery (GS)	—	60.4	61.6	—	—	66.8	66.5	—
Oto/Laryn/Rhin (OLR)	—	36.6	45.0	—	—	48.1	53.6	—
Ophthalmology (OPH)	—	44.5	49.2	—	—	51.9	52.4	—
Orthopedic Surgery (ORS)	—	50.3	52.7	—	—	53.0	53.6	—
Urology (U)	—	56.4	57.4	—	—	59.0	60.4	—
Anesthesiology (AN)[3]	—	63.5	61.3	—	—	62.3	60.9	—
Pathology (P)[3]	—	73.6	65.7	—	—	73.2	65.8	—
Radiology (R)[3]	—	72.5	69.8	—	—	68.9	67.9	—
Chiropractic (CH)	—	34.5	38.8	—	—	36.0	42.1	—
Podiatry (POD)	—	71.6	75.7	—	—	75.4	80.9	—

[1] Data for California incorrectly coded and has been omitted.
[2] Data for Texas incorrectly coded and has been omitted.
[3] Data for hospital-based physicians are incomplete because of billing and reimbursement procedures. (See Appendix A for more detail.)

26a. Assignment Rates for the Aged for Selected Specialties by Census Region

1975

The four types of physicians who serve the greatest number of Medicare beneficiaries are internists, general practitioners, general surgeons, and radiologists. Assignment rates among these groups of physicians vary considerably by census region. In 1975, the North Central region consistently had the lowest assignment rates for services and charges to the Aged among these four specialties. The Northeast region had the highest assignment rates of services for internal medicine (55.8 percent), general surgery (60.9 percent), and radiology (72.6 percent). Assignment rates for general practice were highest in the South.

1975-1978

The assignment patterns noted for each of the specialties in 1975 for Aged enrollees remained unchanged, for the most part, through 1977 (data not available for 1978).

TABLE 26a
Medicare: Assignment Rates for Physicians' Services and Charges to Aged Persons, for Selected Specialties by Census Region, U.S., 1975-1978

Census Region	Percent of Services Assigned				Percent of Charges Assigned			
	1975	1976	1977	1978	1975	1976	1977	1978
				Internal Medicine				
United States	39.7	38.7	39.3	—	43.4	43.1	44.1	—
Northeast	55.8	54.1	54.0	—	58.3	57.4	57.7	—
North Central	26.5	28.2	27.3	—	33.2	34.6	34.3	—
South	34.4	33.4	32.8[2]	—	36.1	35.9	35.8[2]	—
West	[1]	[1]	38.8	—	[1]	[1]	42.4	—
				General Practice				
United States	42.9	41.5	41.9	—	44.1	42.7	44.6	—
Northeast	47.1	46.3	46.6	—	49.8	49.1	50.1	—
North Central	29.2	28.7	29.8	—	32.5	31.7	34.0	—
South	51.4	50.5	48.7[2]	—	51.0	49.8	49.3[2]	—
West	[1]	[1]	43.8	—	[1]	[1]	46.6	—
				General Surgery				
United States	47.4	46.5	46.5	—	51.9	49.8	50.5	—
Northeast	60.9	59.8	60.0	—	67.1	63.9	65.1	—
North Central	35.4	34.9	32.7	—	39.6	39.5	37.1	—
South	51.2	49.5	49.6[2]	—	49.3	48.8	49.2[2]	—
West	[1]	[1]	43.5	—	[1]	[1]	47.1	—
				Radiology				
United States	57.5	61.9	59.0	—	52.8	58.4	56.1	—
Northeast	72.6	77.0	77.8	—	64.7	71.2	71.5	—
North Central	45.3	47.6	46.7	—	40.7	44.4	45.2	—
South	62.6	68.2	61.4[2]	—	57.7	63.0	55.8[2]	—
West	[1]	[1]	54.1	—	[1]	[1]	52.6	—

[1] Data for California were incorrectly coded and have been omitted from U. S. total.
[2] Data for Texas were incorrectly coded and have been omitted from U. S. total.

26b. Assignment Rates for the Disabled for Selected Specialties by Census Region

1975

Assignment rates for the Disabled for selected physician specialties also showed a fairly wide range among the regions. For each of the selected specialties, assignment rates for the Disabled were highest in the Northeast—ranging from 83.9 percent of services assigned for radiology to 63.7 percent of services for general practice. The North Central region had the lowest assignment rates for services for general practice (41.5 percent), general surgery (55.9 percent), and radiology (63.5 percent); the South had the lowest assignment rate for internal medicine (51.1 percent).

1975-1978

Assignment rates for the Disabled continued to be highest in the Northeast for each of the selected specialties through 1978. The North Central region continued to have the lowest assignment rates in 1978 for each of the selected specialties.

TABLE 26b
Medicare: Assignment Rates for Physicians' Services and Charges to Disabled Persons, for Selected Specialties by Census Region, U.S., 1975-1978

Census Region	Percent of Services Assigned				Percent of Charges Assigned			
	1975	1976	1977	1978	1975	1976	1977	1978
Internal Medicine								
United States	54.6	54.1	53.5	—	60.5	59.7	61.5	—
Northeast	65.2	68.9	69.1	—	72.3	74.0	75.0	—
North Central	52.1	46.1	44.8	—	58.3	54.1	55.1	—
South	51.0	49.2	44.8[2]	—	54.0	52.4	50.9[2]	—
West	[1]	[1]	55.0	—	[1]	[1]	63.6	—
General Practice								
United States	56.4	53.5	54.5	—	57.5	55.4	57.2	—
Northeast	63.7	61.9	61.2	—	63.8	64.6	62.6	—
North Central	41.5	43.0	48.0	—	44.8	46.4	51.7	—
South	62.5	58.2	54.0[2]	—	63.2	59.3	55.5[2]	—
West	[1]	[1]	58.5	—	[1]	[1]	61.5	—
General Surgery								
United States	61.7	60.4	61.6	—	67.3	66.8	66.5	—
Northeast	79.4	72.8	69.4	—	78.2	81.8	76.0	—
North Central	55.9	53.6	53.1	—	65.4	58.9	59.3	—
South	58.6	59.9	62.5[2]	—	61.6	63.8	63.4[2]	—
West	[1]	[1]	61.6	—	[1]	[1]	67.1	—
Radiology								
United States	68.7	72.5	69.8	—	66.7	68.9	67.9	—
Northeast	83.9	83.6	85.6	—	82.6	78.7	82.7	—
North Central	63.5	63.7	60.6	—	61.1	60.6	57.6	—
South	69.2	77.2	70.8[2]	—	65.7	73.7	68.0[2]	—
West	[1]	[1]	64.5	—	[1]	[1]	64.6	—

[1] Data for California were incorrectly coded and have been omitted from U. S. total.
[2] Data for Texas were incorrectly coded and have been omitted from U. S. total.

27. Average Total Charge Per Service for Assigned and Unassigned Services by Specialty

1975

With the exception of pathology and radiology, the average charge per service to the Aged was higher for assigned than for unassigned services for each physician specialty. The ratio of the average assigned charge to the average unassigned charge was highest for ophthalmology—$70.56 and $47.32, or a ratio of 1.49. The ratios of the average assigned charge to the average unassigned charge were lowest for pathology and radiology, 0.84 and 0.83.

1975-1978

For the Aged in 1978, the ratios of the average assigned charge to the average unassigned charge were highest for otology/laryngology/rhinology (1.60) and lowest for radiology (0.88). For the Disabled, the ratio of the average assigned charge to the average unassigned charge ranged from 1.36 for internal medicine to 0.85 for radiology.

TABLE 27
Medicare: Average Total Charge Per Service for Assigned and Unassigned Services to Aged and Disabled Persons, by Physician Specialty, U.S., 1975-1978

Physician Specialty	All Services				Assigned Services				Unassigned Services				Ratio of Assigned to Unassigned			
	1975	1976	1977	1978	1975	1976	1977	1978	1975	1976	1977	1978	1975	1976	1977	1978
Aged																
General Practice (GP)	$10.95	$11.46	$13.24	$14.55	$11.54	$12.06	$14.45	$15.90	$10.96	$11.50	$12.92	$14.23	1.05	1.05	1.12	1.12
Family Practice (FP)	11.30	11.40	13.09	14.32	12.17	12.32	13.93	15.41	10.92	10.86	12.88	14.15	1.11	1.13	1.08	1.09
Internal Medicine (IM)	15.19	16.09	17.99	19.73	16.85	18.20	20.49	22.96	14.44	15.14	16.81	18.37	1.17	1.20	1.22	1.25
Cardiovascular Disease (CD)	21.25	22.75	26.79	31.18	23.21	24.27	29.60	34.02	20.57	22.19	25.31	30.06	1.13	1.09	1.17	1.13
Dermatology (DER)	19.66	22.71	24.90	25.78	24.33	29.67	29.90	31.43	18.48	20.46	23.34	24.35	1.32	1.45	1.28	1.29
General Surgery (GS)	36.80	42.88	52.44	57.00	42.48	48.36	60.10	64.02	35.34	42.28	51.21	57.15	1.20	1.14	1.17	1.12
Oto/Laryn/Rhin (OLR)	24.95	29.10	35.38	34.46	32.79	37.24	49.31	51.27	24.27	29.48	33.97	32.02	1.35	1.26	1.45	1.60
Ophthalmology (OPH)	47.76	59.15	64.81	69.53	70.56	89.22	97.79	99.03	47.32	59.23	64.44	72.20	1.49	1.51	1.52	1.37
Orthopedic Surgery (ORS)	48.44	60.90	69.68	73.56	58.64	71.53	82.83	86.72	45.78	59.53	66.02	71.22	1.28	1.20	1.25	1.22
Urology (U)	40.48	48.94	54.23	56.19	49.55	57.64	64.66	69.50	39.05	49.22	53.90	55.50	1.27	1.17	1.20	1.25
Anesthesiology (AN)[1]	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Pathology (P)[1]	6.82	5.46	5.95	6.09	6.38	5.24	5.94	6.14	7.62	5.75	5.86	5.99	0.84	0.91	1.01	1.03
Radiology (R)[1]	17.63	18.42	20.93	22.47	16.33	17.39	19.95	21.29	19.71	10.05	22.44	24.27	0.83	0.87	0.89	0.88
Chiropractic (CH)	8.33	9.18	10.49	11.33	9.53	10.04	11.64	12.28	8.66	9.02	10.19	11.14	1.10	1.11	1.14	1.10
Podiatry (POD)	18.18	20.64	21.95	22.98	21.21	24.66	25.79	26.55	15.89	17.28	18.76	20.70	1.33	1.43	1.37	1.28
Disabled																
General Practice (GP)	—	$11.39	$13.11	$14.30	—	$12.07	$14.07	$15.38	—	$11.15	$12.57	$13.71	—	1.08	1.12	1.12
Family Practice (FP)	—	11.45	12.90	14.32	—	12.31	13.47	15.51	—	10.59	12.63	13.71	—	1.16	1.07	1.13
Internal Medicine (IM)	—	17.24	19.87	21.46	—	19.31	23.19	24.93	—	15.32	16.75	18.30	—	1.26	1.38	1.36
Cardiovascular Disease (CD)	—	28.76	32.41	35.67	—	32.96	35.10	37.85	—	25.75	30.74	35.05	—	1.28	1.14	1.08
Dermatology (DER)	—	18.16	19.81	20.95	—	20.38	20.86	21.73	—	17.36	19.57	21.10	—	1.17	1.07	1.03
General Surgery (GS)	—	49.42	56.18	62.75	—	57.33	63.85	70.59	—	43.48	51.49	58.99	—	1.32	1.24	1.20
Oto/Laryn/Rhin (OLR)	—	38.48	41.01	45.92	—	54.45	52.45	56.79	—	33.90	37.15	42.58	—	1.61	1.41	1.33
Ophthalmology (OPH)	—	63.36	70.05	68.56	—	82.60	82.96	80.69	—	61.36	72.96	70.21	—	1.35	1.14	1.15
Orthopedic Surgery (ORS)	—	51.64	57.58	58.84	—	57.16	61.17	61.07	—	51.34	58.84	61.47	—	1.11	1.04	0.99
Urology (U)	—	38.18	44.36	44.19	—	41.58	48.96	46.30	—	37.40	43.33	46.53	—	1.11	1.13	1.00
Anesthesiology (AN)[1]	—	...	...	...	—	...	...	...	—	...	...	...	—	...	...	...
Pathology (P)[1]	—	4.98	5.76	5.37	—	4.94	5.74	5.55	—	5.03	5.72	4.99	—	0.98	1.00	1.11
Radiology (R)[1]	—	17.61	20.75	21.54	—	16.76	20.26	20.55	—	19.93	22.11	24.19	—	0.84	0.92	0.85
Chiropractic (CH)	—	9.16	10.81	11.46	—	9.63	11.78	12.25	—	8.99	10.26	11.11	—	1.07	1.15	1.10
Podiatry (POD)	—	21.93	25.29	26.97	—	23.90	28.23	29.64	—	19.68	20.75	24.00	—	1.21	1.36	1.24
Aged and Disabled																
General Practice (GP)	—	$11.45	$13.24	$14.52	—	$12.06	$14.41	$15.84	—	$11.48	$12.91	$14.20	—	1.05	1.12	1.12
Family Practice (FP)	—	11.40	12.79	14.32	—	12.32	13.64	15.42	—	10.84	12.65	14.12	—	1.14	1.08	1.09
Internal Medicine (IM)	—	16.19	18.08	19.90	—	18.32	20.77	23.22	—	15.15	16.78	18.36	—	1.21	1.24	1.26
Cardiovascular Disease (CD)	—	23.30	27.24	21.63	—	25.14	30.36	34.46	—	22.49	25.64	30.50	—	1.12	1.18	1.13
Dermatology (DER)	—	22.46	24.37	25.48	—	28.97	29.04	30.51	—	20.32	23.08	24.19	—	1.43	1.26	1.26
General Surgery (GS)	—	43.40	51.98	57.52	—	49.27	60.07	64.79	—	42.35	50.31	57.28	—	1.16	1.19	1.13
Oto/Laryn/Rhin (OLR)	—	29.79	34.79	35.41	—	39.00	49.56	52.01	—	29.78	33.03	32.73	—	1.31	1.50	1.59
Ophthalmology (OPH)	—	59.32	65.10	69.49	—	88.80	96.32	97.55	—	59.36	65.56	72.13	—	1.50	1.47	1.35
Orthopedic Surgery (ORS)	—	59.91	67.46	71.79	—	69.62	79.39	82.99	—	58.79	64.59	70.20	—	1.18	1.23	1.18
Urology (U)	—	48.09	52.46	55.20	—	55.83	62.69	66.65	—	48.52	52.12	54.95	—	1.15	1.20	1.21
Anesthesiology (AN)[1]	—	21.39	25.15	27.71	—	20.73	24.26	26.56	—	22.08	26.05	28.75	—	0.94	0.93	0.92
Pathology (P)[1]	—	5.40	5.78	6.00	—	5.20	5.75	6.06	—	5.68	573	5.89	—	0.92	1.00	1.03
Radiology (R)[1]	—	18.34	20.87	22.38	—	17.32	19.89	21.26	—	20.04	22.39	24.26	—	0.86	0.89	0.87
Chiropractic (CH)	—	9.18	10.47	11.34	—	9.99	11.66	12.27	—	9.02	10.14	11.14	—	1.11	1.15	1.10
Podiatry (POD)	—	20.71	22.17	23.22	—	24.61	26.01	26.79	—	17.37	19.03	20.82	—	1.42	1.37	1.29

[1] See Appendix A for more detail.

28. Percent Reduction of Physicians' Total Charges, by Specialty

1975

The percent reduction varied by physician specialty and whether or not the claim was assigned. For the Aged, the average percent reduction ranged from a low of 13.3 percent for charges by licensed chiropractors to a high of 23.6 percent for charges by anesthesiologists.

The percent reduction was generally a little higher on assigned charges than on unassigned charges. For the Aged the most notable exceptions were for charges by pathologists and radiologists. Charges by pathologists on assigned claims were reduced an average of 14.9 percent compared to 19.2 percent on unassigned claims; for radiologists, charges were reduced an average of 13.9 percent on assigned claims and 16.2 percent on unassigned claims.

1975-1978

For each of the specialties, the rate of reduction on charges for assigned claims for the Aged showed a gradual increase during the 1975-1978 period. On unassigned charges, however, there were specialties that showed less reduction in 1978 than in 1975: cardiovascular disease, ophthalmology, and pathology.

For the Disabled, the percent reduction of total charges on assigned services was lower in 1978 than in 1976 for the majority of the selected specialties; for unassigned charges the majority of the selected specialties showed a higher percent reduction in 1978 than in 1976.

TABLE 28
Medicare: Average Percent Reduction of Total Charges for Assigned and Unassigned Services to Aged and Disabled Persons by Physician Specialty, U.S., 1975-1978

Physician Specialty	All Charges				Assigned Charges				Unassigned Charges			
	1975	1976	1977	1978	1975	1976	1977	1978	1975	1976	1977	1978
						Aged						
General Practice (GP)	18.4	20.5	19.5	20.3	18.5	21.0	20.0	20.9	18.1	19.8	18.9	19.7
Family Practice (FP)	18.5	19.6	19.7	20.2	19.1	20.6	20.3	20.7	17.7	18.5	19.1	19.7
Internal Medicine (IM)	18.1	19.1	18.5	19.2	18.5	19.6	19.0	20.1	17.7	18.6	18.0	18.5
Cardiovascular Disease (CD)	19.3	20.1	18.7	19.3	19.3	20.4	18.6	19.6	19.2	19.8	18.7	19.1
Dermatology (DER)	17.4	18.3	17.2	17.5	18.9	20.0	19.0	19.1	15.8	16.7	15.8	16.3
General Surgery (GS)	18.8	20.6	20.1	20.8	19.5	21.3	20.8	21.6	17.8	19.9	19.3	20.1
Oto/Laryn/Rhin (OLR)	20.0	22.4	21.2	21.7	20.1	23.2	22.7	24.0	19.9	22.1	20.6	20.7
Ophthalmology (OPH)	17.0	18.3	16.9	17.6	17.0	19.4	18.1	19.4	16.8	17.4	16.2	16.7
Orthopedic Surgery (ORS)	19.8	22.5	21.0	21.5	20.0	23.1	21.4	22.4	19.5	22.0	20.7	20.9
Urology (U)	18.4	20.1	19.0	19.5	19.1	21.2	20.3	20.8	17.8	19.2	18.0	18.8
Anesthesiology (AN)[1]	23.6	28.3	27.8	29.0	23.4	28.3	28.0	28.5	23.7	28.2	27.8	29.3
Pathology (P)[1]	16.5	16.2	16.3	16.5	14.9	15.2	15.4	15.9	19.2	17.9	15.7	17.4
Radiology (R)[1]	15.0	15.6	15.7	16.9	13.9	15.1	15.3	16.5	16.2	16.2	16.2	17.5
Chiropractic (CH)	13.3	14.9	16.1	16.7	12.7	15.6	18.6	19.4	13.3	14.4	15.2	15.9
Podiatry (POD)	20.5	21.2	21.9	22.2	22.5	23.0	24.4	25.1	16.9	18.1	18.3	18.4
						Disabled						
General Practice (GP)	—	21.4	20.9	21.3	—	21.6	21.1	21.4	—	20.7	20.3	21.2
Family Practice (FP)	—	23.0	20.6	20.7	—	25.0	21.1	20.8	—	20.0	19.9	20.5
Internal Medicine (IM)	—	19.5	19.3	20.5	—	19.7	19.7	21.3	—	18.9	18.6	19.3
Cardiovascular Disease (CD)	—	19.3	19.4	19.9	—	19.8	19.8	20.4	—	18.6	18.9	19.5
Dermatology (DER)	—	19.9	18.2	18.7	—	20.4	18.2	19.0	—	19.5	17.6	18.2
General Surgery (GS)	—	22.2	21.0	21.4	—	23.4	21.2	22.1	—	19.5	20.5	20.2
Oto/Laryn/Rhin (OLR)	—	22.8	22.1	23.6	—	24.5	23.0	24.0	—	21.1	27.4	23.6
Ophthalmology (OPH)	—	18.7	18.4	18.4	—	19.7	19.1	19.4	—	17.5	17.7	17.5
Orthopedic Surgery (ORS)	—	23.2	22.4	22.5	—	24.5	22.7	23.0	—	21.5	22.2	22.2
Urology (U)	—	20.3	20.6	20.9	—	21.3	20.7	20.7	—	18.7	20.6	21.0
Anesthesiology (AN)[1]	—	28.5	28.7	29.9	—	28.2	28.6	29.2	—	28.9	28.9	30.8
Pathology (P)[1]	—	15.8	17.3	15.5	—	14.8	16.6	14.2	—	18.3	18.9	17.9
Radiology (R)[1]	—	15.7	16.1	17.4	—	15.3	16.1	17.0	—	16.7	17.0	18.0
Chiropractic (CH)	—	16.7	17.9	18.2	—	17.4	19.4	20.4	—	16.0	16.7	16.7
Podiatry (POD)	—	23.0	25.2	24.4	—	23.8	27.4	25.6	—	20.4	17.8	21.6

[1] See Appendix A for more detail.

29a. Distribution of Aged Users, and Charges by the Amount of Total Annual Charges, for Selected Specialties

1975

Of the Aged beneficiaries who received some reimbursement for physicians' services, 28.7 percent had total charges of less than $100 for the year. About 10 percent of the users had total annual charges of $1,000 or more. For those persons with total annual charges of less than $100, only 38.2 percent of these charges were assigned. The percent of charges assigned increased steadily as the beneficiaries' total charges increased, reaching 60.8 percent for enrollees with annual charges of $2,500 or more. With the exception of radiology, this pattern held true for all specialties, that is, as the amount of total annual charges increased, the percent of assigned charges increased. For radiology no clear pattern was exhibited.

1975-1978

The pattern observed in 1975 (that is, as a beneficiary's total annual charges increased, the percent of assigned charges increased) held true in each subsequent year for all specialties except radiology. Only two (2) years of data, 1975 and 1978, are presented here. Data for 1976 and 1977 were produced, however, and the patterns of distribution were found to be similar to the years shown.

TABLE 29a
Medicare: Number and Percent Distribution of Aged Persons Using Physicians' Services, Total Charges, and Assigned Charges, by Amount of Total Annual Charges for Selected Specialties, U.S., 1975[1]

Total Annual Charges per User	Persons		Total Charges		Assigned Charges		Assigned Charges as a Percent of Total Charges
	Number	Percent Distribution	Amount (in millions)	Percent Distribution	Amount (in millions)	Percent Distribution	
			All Physicians[2]				
U.S. Total	10,681,400	100.0	$4,375	100.0	$2,235	100.0	51.7
$ 1-99	3,065,100	28.7	164	3.8	63	2.8	38.2
100-149	1,470,400	13.8	180	4.1	68	3.0	37.4
150-199	1,054,200	9.9	182	4.2	75	3.3	41.0
200-249	753,200	7.1	168	3.8	73	3.3	43.5
250-299	555,300	5.2	151	3.5	70	3.1	46.4
300-349	439,400	4.1	142	3.2	66	2.9	46.4
350-399	352,400	3.3	132	3.0	66	2.9	49.8
400-499	529,200	5.0	236	5.4	115	5.2	48.8
500-699	698,600	6.5	413	9.4	208	9.3	50.3
700-999	642,800	6.0	538	12.3	275	12.3	51.2
1,000-1,499	544,700	5.1	662	15.1	349	15.7	52.7
1,500-1,999	264,800	2.5	455	10.4	248	11.1	54.7
2,000-2,499	125,600	1.2	280	6.4	152	6.8	54.3
2,500 +	185,700	1.7	671	15.4	408	18.3	60.8

(continued)

TABLE 29a (Continued)
Medicare: Number and Percent Distribution of Aged Persons Using Physicians' Services, Total Charges, and Assigned Charges, by Amount of Total Annual Charges for Selected Specialties, U.S., 1975[1]

Total Annual Charges per User	Persons		Total Charges		Assigned Charges		Assigned Charges as a Percent of Total Charges
	Number	Percent Distribution	Amount (in millions)	Percent Distribution	Amount (in millions)	Percent Distribution	
General Practice							
U.S. Total	4,429,900	100.0	$ 637	100.0	$ 312	100.0	49.0
$ 1-99	2,408,100	54.5	110	17.4	44	14.0	39.6
100-149	687,400	15.5	84	13.1	35	11.4	42.3
150-199	404,200	9.1	69	10.9	32	10.3	46.2
200-249	257,400	5.8	57	9.0	27	8.6	47.2
250-299	169,800	3.8	46	7.3	24	7.5	50.9
300-349	120,400	2.7	39	6.1	20	6.5	52.4
350-399	85,300	1.9	32	5.0	17	5.4	53.3
400-499	109,000	2.5	48	7.6	26	8.2	52.8
500-699	97,800	2.2	57	8.9	32	10.2	56.0
700-999	58,200	1.3	48	7.5	29	9.2	60.0
1,000-1,499	24,900	0.6	30	4.7	17	5.6	58.5
1,500-1,999	4,300	0.1	7	1.1	4	1.2	52.6
2,000-2,499	1,600	0.04	3	0.5	2	0.7	59.3
2,500 +	1,500	0.03	6	0.9	4	1.2	64.6
Internal Medicine							
U.S. Total	4,464,800	100.0	$ 903	100.0	$ 436	100.0	48.3
$ 1-99	1,964,000	44.1	96	10.6	32	7.3	33.6
100-149	718,500	16.1	88	9.7	30	7.0	34.6
150-199	465,900	10.4	80	8.9	33	7.6	41.2
200-249	296,300	6.6	66	7.3	30	6.8	45.0
250-299	197,100	4.4	54	6.0	25	5.8	46.8
300-349	151,600	3.4	49	5.4	24	5.5	49.2
350-399	117,100	2.6	44	4.8	20	4.7	46.9
400-499	157,400	3.5	70	7.8	36	8.2	50.6
500-699	178,700	4.0	105	11.6	56	12.8	53.2
700-999	119,400	2.7	99	10.9	54	12.5	55.1
1,000-1,499	61,700	1.4	74	8.2	43	9.9	58.5
1,500-1,999	21,500	0.5	36	4.0	22	5.0	59.8
2,000-2,499	9,000	0.2	20	2.2	12	2.7	59.6
2,500 +	6,600	0.1	23	2.6	18	4.2	79.2
General Surgery							
U.S. Total	1,899,700	100.0	$ 510	100.0	$ 282	100.0	55.3
$ 1-99	899,700	47.2	37	7.2	17	6.0	46.0
100-149	197,000	10.4	24	4.6	11	4.0	48.3
150-199	129,500	6.8	22	4.3	11	3.8	49.2
200-249	82,300	4.3	18	3.6	9	3.2	50.1
250-299	70,200	3.7	19	3.7	10	3.5	52.4
300-349	60,400	3.2	19	3.8	9	3.3	48.5
350-399	47,200	2.5	17	3.4	9	3.2	52.0
400-499	87,100	4.6	38	7.6	20	7.3	53.1
500-699	129,000	6.8	75	14.8	40	14.3	53.6
700-999	92,200	4.9	76	14.9	42	15.0	55.7
1,000-1,499	64,800	3.4	77	15.0	45	16.3	59.2
1,500-1,999	22,900	1.2	39	7.6	22	7.9	57.5
2,000-2,499	8,800	0.5	19	3.8	13	4.6	67.0
2,500 +	8,600	0.5	29	5.7	22	7.6	73.4
Radiology							
U.S. Total	2,607,400	100.0	$ 219	100.0	$ 122	100.0	55.5
$ 1-99	2,021,400	77.5	74	33.8	42	34.7	57.1
100-149	251,700	9.7	30	13.8	17	14.1	56.7
150-199	114,800	4.4	20	8.9	11	9.0	55.9
200-249	58,800	2.3	13	5.9	7	5.9	55.1
250-299	40,700	1.6	11	5.0	6	5.0	54.7
300-349	24,700	0.9	8	3.6	4	3.6	55.8
350-399	17,800	0.7	7	3.0	4	3.2	58.4
400-499	23,800	0.9	11	4.8	6	5.1	58.5
500-699	25,800	1.0	15	6.9	7	5.7	46.3
700-999	16,900	0.6	14	6.3	8	6.3	55.0
1,000-1,499	7,000	0.3	9	3.9	5	3.7	52.8
1,500-1,999	2,000	0.1	3	1.6	2	1.7	61.9
2,000-2,499	900	0.03	2	0.9	1	0.9	51.6
2,500 +	1,100	0.04	3	1.6	1	1.1	40.9

[1] These data were produced through a special tabulation. Thus, the total number of persons served differs from data shown in Table 9A.
[2] Excludes suppliers.

TABLE 29a (Continued)
Medicare: Number and Percent Distribution of Aged Persons Using Physicians' Services, Total Charges, and Assigned Charges, by Amount of Total Annual Charges for Selected Specialties, U.S., 1978[1]

Total Annual Charges per User	Persons		Total Charges		Assigned Charges		Assigned Charges as a Percent of Total Charges
	Number	Percent Distribution	Amount (in millions)	Percent Distribution	Amount (in millions)	Percent Distribution	
All Physicians[2]							
U.S. Total	12,873,700	100.0	$6,973	100.0	$3,107	100.0	44.6
$ 1-99	3,271,200	25.4	174	2.5	53	1.7	30.3
100-149	1,593,500	12.4	196	2.8	55	1.8	27.9
150-199	1,186,000	9.2	204	2.9	63	2.0	30.9
200-249	887,000	6.9	198	2.8	66	2.1	33.6
250-299	687,500	5.3	188	2.7	68	2.2	36.4
300-349	551,300	4.3	178	2.6	67	2.2	37.7
350-399	439,000	3.4	164	2.4	63	2.0	38.4
400-499	675,600	5.2	302	4.3	124	4.0	41.2
500-699	875,100	6.8	517	7.4	219	7.1	42.4
700-999	790,000	6.1	662	9.5	291	9.4	44.0
1,000-1,499	771,300	6.0	943	13.5	426	13.7	45.1
1,500-1,999	416,700	3.2	719	10.3	326	10.5	45.3
2,000-2,499	252,400	2.0	562	8.1	263	8.5	46.8
2,500 +	477,100	3.7	1,967	28.2	1,022	32.9	52.0
General Practice							
U.S. Total	4,258,100	100.0	$ 707	100.0	$ 300	100.0	42.4
$ 1-99	2,154,100	50.6	100	14.2	31	10.4	31.2
100-149	637,500	15.0	78	11.0	26	8.8	33.9
150-199	398,500	9.4	69	9.7	25	8.4	36.7
200-249	265,500	6.2	59	8.3	23	7.8	39.6
250-299	178,100	4.2	49	6.9	21	7.0	43.0
300-349	135,200	3.2	44	6.2	18	6.1	41.9
350-399	104,800	2.5	39	5.5	17	5.7	44.0
400-499	123,900	2.9	55	7.8	24	7.9	43.0
500-699	131,800	3.1	77	10.9	37	12.3	47.6
700-999	78,500	1.8	65	9.2	35	11.6	53.8
1,000-1,499	35,700	0.8	42	6.0	22	7.3	51.9
1,500-1,999	9,200	0.2	15	2.2	10	3.2	61.8
2,000-2,499	2,300	0.1	5	0.7	3	0.9	50.1
2,500 +	3,000	0.1	10	1.5	8	2.6	76.8
Internal Medicine							
U.S. Total	5,529,000	100.0	$1,420	100.0	$ 599	100.0	42.2
$ 1-99	2,046,900	37.0	103	7.2	28	4.6	26.9
100-149	853,400	15.4	104	7.4	27	4.5	25.7
150-199	580,100	10.5	100	7.0	29	4.9	29.3
200-249	406,600	7.4	90	6.4	30	4.9	32.7
250-299	285,600	5.2	78	5.5	28	4.7	36.5
300-349	229,700	4.2	74	5.2	29	4.9	39.6
350-399	172,200	3.1	64	4.5	24	4.0	37.7
400-499	247,300	4.5	110	7.8	47	7.9	42.7
500-699	291,500	5.3	171	12.1	72	12.0	41.8
700-999	198,600	3.6	165	11.6	80	13.3	48.5
1,000-1,499	125,700	2.3	151	10.6	77	12.8	50.7
1,500-1,999	46,600	0.8	80	5.6	45	7.5	56.5
2,000-2,499	20,100	0.4	44	3.1	26	4.4	59.3
2,500 +	24,700	0.5	85	6.0	57	9.5	67.1

(continued)

TABLE 29a (Continued)
Medicare: Number and Percent Distribution of Aged Persons Using Physicians' Services, Total Charges, and Assigned Charges, by Amount of Total Annual Charges for Selected Specialties, U.S., 1978[1]

Total Annual Charges per User	Persons		Total Charges		Assigned Charges		Assigned Charges as a Percent of Total Charges
	Number	Percent Distribution	Amount (in millions)	Percent Distribution	Amount (in millions)	Percent Distribution	
			General Surgery				
U.S. Total	2,096,900	100.0	$ 786	100.0	$ 375	100.0	47.8
$ 1-99	863,500	41.2	38	4.8	15	3.9	38.8
100-149	212,800	10.2	25	3.2	10	2.8	41.1
150-199	134,800	6.4	23	2.9	10	2.7	44.3
200-249	99,400	4.7	22	2.8	10	2.6	45.4
250-299	72,900	3.5	20	2.5	9	2.3	44.2
300-349	65,600	3.1	21	2.7	10	2.7	47.9
350-399	53,300	2.5	20	2.5	9	2.3	44.2
400-499	99,400	4.7	44	5.6	21	5.7	48.3
500-699	147,700	7.0	87	11.0	40	10.6	45.8
700-999	144,700	6.9	120	15.2	55	14.8	46.4
1,000-1,499	104,800	5.0	125	15.9	61	16.4	49.2
1,500-1,999	45,000	2.1	77	9.8	39	10.3	50.5
2,000-2,499	22,300	1.1	49	6.3	24	6.3	48.4
2,500 +	30,700	1.5	116	14.8	62	16.6	53.6
			Radiology				
U.S. Total	3,794,100	100.0	$ 385	100.0	$ 210	100.0	54.6
$ 1-99	2,739,400	72.2	106	27.4	55	26.0	51.8
100-149	420,500	11.1	51	13.2	27	12.9	53.4
150-199	202,300	5.3	35	9.0	18	8.8	53.1
200-249	125,600	3.3	28	7.2	16	7.5	56.8
250-299	74,800	2.0	20	5.3	11	5.4	55.7
300-349	51,500	1.4	17	4.3	9	4.4	56.3
350-399	37,800	1.0	14	3.6	8	3.9	58.3
400-499	44,300	1.2	20	5.1	12	5.6	59.3
500-699	42,200	1.1	25	6.4	14	6.7	57.0
700-999	25,100	0.7	21	5.4	11	5.0	50.5
1,000-1,499	18,700	0.5	22	5.8	13	6.1	57.3
1,500-1,999	5,500	0.1	9	2.4	4	2.1	47.2
2,000-2,499	3,100	0.08	7	1.8	5	2.2	67.2
2,500 +	3,300	0.09	11	2.9	7	3.4	63.3

[1] These data were produced through a special tabulation. Thus, the total number of persons served differs from data shown in Table 9A.
[2] Excludes suppliers.

29b. Distribution of Disabled Users and Charges by the Amount of Total Annual Charges, for Selected Specialties

1975

For all types of physicians, the percent of Disabled beneficiaries with total annual charges of less than $100 was similar to the Aged, 28.3 percent compared to 28.7 percent. However, the proportion of Disabled beneficiaries with total annual charges of $1,000 or more was greater for the Disabled—14.0 percent, than that for the Aged—10.5 percent. Similar to the patterns for the Aged, the percentage of charges assigned rose as total annual charges per user rose. For beneficiaries with total annual charges of less than $100, 55.8 percent were assigned and for beneficiaries with $2,500 or more in total annual charges, 76.8 percent were assigned. For the internal medicine specialty, the proportion of Disabled enrollees with charges of $1,000 or more was more than double that of the Aged, 4.7 percent compared to 2.2 percent. As with the Aged, for each of the specialties except radiology, assignment rates tended to increase as the beneficiary's total annual charges increased.

1975-1978

The pattern observed in 1975 held for subsequent years. As the beneficiary's total annual charges increased, the percent of charges assigned increased.

TABLE 29b
Medicare: Number and Percent Distribution of Disabled Persons Using Physicians' Services, Total Charges, and Assigned Charges, by Amount of Total Annual Charges for Selected Specialties, U.S., 1975[1]

Total Annual Charges per User	Persons		Total Charges		Assigned Charges		Assigned Charges as a Percent of Total Charges
	Number	Percent Distribution	Amount (in millions)	Percent Distribution	Amount (in millions)	Percent Distribution	
			All Physicians[2]				
U.S. Total	734,000	100.0	$393.4	100.0	$256.7	100.0	65.8
$ 1-99	207,600	28.3	10.4	2.6	5.8	2.8	55.8
100-149	81,500	11.1	10.0	2.5	5.3	2.1	52.8
150-199	56,300	8.1	10.2	2.6	5.5	2.1	53.7
200-249	47,000	6.4	10.5	2.7	6.0	2.3	56.8
250-299	39,400	5.4	10.8	2.7	6.1	2.4	56.8
300-349	32,100	4.4	10.4	2.6	5.8	2.3	56.1
350-399	25,600	3.5	9.6	2.4	5.5	2.2	57.8
400-499	39,200	5.3	17.6	4.5	10.3	4.0	58.4
500-699	53,600	7.3	31.5	8.0	19.5	7.6	62.0
700-999	46,700	6.4	39.2	10.0	24.1	9.4	61.5
1,000-1,499	39,600	5.4	48.6	12.3	30.9	12.0	63.6
1,500-1,999	19,600	2.7	33.7	8.6	20.4	8.0	60.6
2,000-2,499	14,400	2.0	32.0	8.1	20.2	7.9	68.1
2,500 +	28,400	3.9	119.0	30.2	91.4	35.6	76.8

(continued)

TABLE 29b (Continued)
Medicare: Number and Percent Distribution of Disabled Persons Using Physicians' Services, Total Charges, and Assigned Charges, by Amount of Total Annual Charges for Selected Specialties, U.S., 1975[1]

Total Annual Charges per User	Persons		Total Charges		Assigned Charges		Assigned Charges as a Percent of Total Charges
	Number	Percent Distribution	Amount (in millions)	Percent Distribution	Amount (in millions)	Percent Distribution	
General Practice							
U.S. Total	292,500	100.0	$ 44.3	100.0	$ 27.6	100.0	62.3
$ 1-99	159,400	54.5	7.0	15.8	3.7	13.4	52.9
100-149	40,700	13.9	4.9	11.1	2.6	9.4	52.5
150-199	26,500	9.1	4.6	10.4	2.5	9.0	53.7
200-249	17,900	6.1	4.0	9.0	2.5	9.2	63.3
250-299	12,300	4.2	3.3	7.5	2.1	7.6	62.7
300-349	7,500	2.6	2.4	5.4	1.5	5.5	63.2
350-399	5,500	1.9	2.1	4.6	1.5	5.3	72.0
400-499	7,300	2.5	3.2	7.2	1.9	6.8	59.5
500-699	7,600	2.6	4.5	10.2	3.0	10.9	66.7
700-999	4,800	1.6	4.0	9.0	2.7	9.7	67.6
1,000-1,499	2,100	0.7	2.5	5.5	1.9	6.7	76.0
1,500-1,999	400	0.1	0.6	1.5	0.6	2.1	89.8
2,000-2,499	400	0.1	0.9	2.1	0.9	3.4	100.0
2,500 +	100	0.0	0.3	0.6	0.3	1.0	100.0
Internal Medicine							
U.S. Total	300,000	100.0	$ 80.0	100.0	$ 51.4	100.0	64.2
$ 1-99	124,300	41.4	5.7	7.2	2.7	5.3	47.8
100-149	42,700	14.2	5.3	6.6	2.4	4.6	45.2
150-199	26,200	8.7	4.5	5.6	2.3	4.4	50.7
200-249	20,000	6.7	4.4	5.6	2.5	4.8	55.5
250-299	13,600	4.5	3.7	4.6	1.9	3.7	51.3
300-349	13,000	4.3	4.2	5.3	2.5	4.8	58.5
350-399	7,100	2.4	2.6	3.3	1.6	3.1	59.4
400-499	11,900	4.0	5.3	6.6	3.3	6.4	62.0
500-699	16,200	5.4	9.4	11.8	6.3	12.3	66.9
700-999	10,900	3.6	9.1	11.4	5.4	10.5	59.4
1,000-1,499	6,900	2.3	8.3	10.3	6.4	12.4	77.1
1,500-1,999	3,000	1.0	5.1	6.4	3.5	6.8	68.8
2,000-2,499	1,700	0.6	3.9	4.9	3.2	6.3	82.8
2,500 +	2,500	0.8	8.4	10.5	7.5	14.6	89.0
General Surgery							
U.S. Total	137,700	100.0	$ 43.8	100.0	$ 30.8	100.0	70.2
$ 1-99	62,700	45.5	2.7	6.1	1.6	5.2	60.3
100-149	11,400	8.3	1.4	3.2	0.9	2.9	63.8
150-199	9,700	7.0	1.6	3.8	1.1	3.7	69.2
200-249	8,500	6.2	1.9	4.3	1.1	3.5	57.8
250-299	5,000	3.6	1.3	3.1	1.1	3.4	78.6
300-349	3,900	2.8	1.2	2.8	0.7	2.2	55.2
350-399	4,200	3.1	1.5	3.5	1.0	3.4	68.3
400-499	7,200	5.2	3.2	7.3	1.9	6.3	60.0
500-699	9,300	6.8	5.5	12.5	3.3	10.7	60.2
700-999	5,500	4.0	4.5	10.4	3.1	10.1	68.4
1,000-1,499	4,600	3.3	5.4	12.4	4.3	13.8	78.5
1,500-1,999	2,400	1.7	4.1	9.3	2.9	9.4	70.6
2,000-2,499	1,300	0.9	2.9	6.7	2.1	6.9	73.3
2,500 +	2,000	1.5	6.4	14.7	5.6	18.3	87.4
Radiology							
U.S. Total	199,200	100.0	$ 17.8	100.0	$ 12.3	100.0	68.8
$ 1-99	150,600	75.6	5.5	30.7	3.8	30.9	69.3
100-149	20,100	10.1	2.4	13.5	1.7	13.8	70.3
150-199	9,400	4.7	1.6	8.9	1.0	8.1	62.6
200-249	4,800	2.4	1.1	6.1	0.8	6.2	70.0
250-299	3,400	1.7	0.9	5.3	0.7	5.6	72.6
300-349	1,900	1.0	0.6	3.4	0.4	3.5	70.7
350-399	1,800	0.9	0.7	3.7	0.4	3.4	62.2
400-499	2,100	1.1	0.9	5.3	0.6	5.1	66.3
500-699	2,800	1.4	1.6	9.1	1.1	8.9	67.4
700-999	1,500	0.8	1.2	6.5	0.6	4.9	51.5
1,000-1,499	300	0.2	0.3	2.0	0.2	1.7	61.6
1,500-1,999	300	0.2	0.5	2.9	0.5	4.2	97.1
2,000-2,499	100	0.1	0.2	1.2	0.2	1.7	100.0
2,500 +	100	0.1	0.3	1.5	0.3	2.2	100.0

[1] These data were produced through a special tabulation. Thus, the total number of persons served differs from data shown in Table 9A.
[2] Excludes suppliers.

TABLE 29b (Continued)
Medicare: Number and Percent Distribution of Disabled Persons Using Physicians' Services, Total Charges, and Assigned Charges, by Amount of Total Annual Charges for Selected Specialties, U.S., 1978[1]

Total Annual Charges per User	Persons		Total Charges		Assigned Charges		Assigned Charges as a Percent of Total Charges
	Number	Percent Distribution	Amount (in millions)	Percent Distribution	Amount (in millions)	Percent Distribution	
All Physicians[2]							
U.S. Total	1,223,460	100.0	$809.6	100.0	$496.9	100.0	61.4
$ 1-99	313,640	25.6	15.8	2.0	7.9	1.6	49.9
100-149	129,320	10.6	15.9	2.0	7.1	1.4	45.0
150-199	98,660	8.1	17.1	2.1	8.3	1.7	48.7
200-249	76,940	6.3	17.1	2.1	8.5	1.7	49.4
250-299	59,860	4.9	16.3	2.0	8.1	1.6	49.6
300-349	50,080	4.1	16.2	2.0	8.5	1.7	52.6
350-399	42,220	3.5	15.8	1.9	8.3	1.7	52.8
400-499	65,700	5.4	29.3	3.6	15.7	3.2	53.6
500-699	90,460	7.4	53.6	6.6	30.6	6.2	57.1
700-999	80,660	6.6	67.5	8.3	39.2	7.9	58.1
1,000-1,499	77,360	6.3	94.3	11.7	56.3	11.3	59.7
1,500-1,999	44,040	3.6	76.2	9.4	45.0	9.1	59.1
2,000-2,499	25,640	2.1	57.3	7.1	35.2	7.1	61.5
2,500 +	68,880	5.6	317.2	39.2	218.1	43.9	68.8
General Practice							
U.S. Total	386,980	100.0	$ 65.6	100.0	$ 37.2	100.0	56.7
$ 1-99	201,280	52.0	9.0	13.7	4.4	11.8	48.6
100-149	52,540	13.6	6.4	9.7	3.1	8.4	49.0
150-199	35,380	9.1	6.1	9.2	3.2	8.7	53.1
200-249	23,300	6.0	5.2	7.9	2.7	7.4	52.8
250-299	16,840	4.4	4.6	7.0	2.5	6.6	53.8
300-349	11,840	3.1	3.8	5.8	2.1	5.7	55.3
350-399	8,860	2.3	3.3	5.0	1.9	5.0	56.7
400-499	12,020	3.1	5.3	8.1	2.9	7.9	55.4
500-699	11,560	3.0	6.8	10.4	4.1	11.1	60.7
700-999	7,220	1.9	5.9	9.1	3.7	10.0	62.5
1,000-1,499	4,060	1.0	4.8	7.3	3.1	8.3	64.4
1,500-1,999	1,280	.3	2.2	3.3	1.8	4.7	80.9
2,000-2,499	460	.1	1.0	1.6	.8	2.1	77.5
2,500 +	340	.1	1.2	1.8	.9	2.3	72.0
Internal Medicine							
U.S. Total	498,760	100.0	$163.7	100.0	$ 99.1	100.0	60.5
$ 1-99	178,500	35.8	8.6	5.2	3.6	3.6	41.8
100-149	64,480	12.9	7.9	4.8	3.4	3.4	42.7
150-199	47,920	9.6	8.3	5.1	3.6	3.6	43.1
200-249	34,960	7.0	7.8	4.7	3.7	3.7	47.2
250-299	26,620	5.3	7.3	4.4	3.5	3.5	47.7
300-349	20,920	4.2	6.7	4.1	3.4	3.5	51.1
350-399	17,120	3.4	6.4	3.9	3.4	3.4	52.6
400-499	24,540	4.9	10.9	6.7	5.9	6.0	54.1
500-699	28,980	5.8	17.1	10.4	9.7	9.7	56.6
700-999	21,980	4.4	18.4	11.2	10.8	10.9	58.7
1,000-1,499	16,020	3.2	19.3	11.8	12.3	12.4	63.5
1,500-1,999	6,360	1.3	11.0	6.7	7.5	7.6	68.4
2,000-2,499	3,540	.7	7.9	4.8	6.1	6.1	77.0
2,500 +	6,820	1.4	26.3	16.0	22.4	22.6	85.3

(continued)

TABLE 29b (Continued)
Medicare: Number and Percent Distribution of Disabled Persons Using Physicians' Services, Total Charges, and Assigned Charges, by Amount of Total Annual Charges for Selected Specialties, U.S., 1978[1]

Total Annual Charges per User	Persons		Total Charges		Assigned Charges		Assigned Charges as a Percent of Total Charges
	Number	Percent Distribution	Amount (in millions)	Percent Distribution	Amount (in millions)	Percent Distribution	
			General Surgery				
U.S. Total	202,640	100.0	$ 86.8	100.0	$ 55.0	100.0	63.3
$ 1-99	81,020	40.0	3.5	4.0	1.8	3.3	52.4
100-149	19,500	9.6	2.3	2.7	1.3	2.4	56.8
150-199	12,320	6.1	2.1	2.4	1.2	2.2	58.2
200-249	9,620	4.7	2.1	2.4	1.3	2.3	59.5
250-299	7,180	3.5	1.9	2.2	1.1	2.1	59.0
300-349	6,780	3.3	2.2	2.5	1.3	2.4	61.9
350-399	5,800	2.9	2.1	2.5	1.2	2.2	56.1
400-499	9,340	4.6	4.1	4.8	2.5	4.6	60.9
500-699	14,880	7.3	8.7	10.0	5.0	9.2	57.9
700-999	12,940	6.4	10.8	12.4	6.8	12.3	62.7
1,000-1,499	10,060	5.0	12.1	13.9	7.6	13.9	63.3
1,500-1,999	5,380	2.7	9.2	10.6	5.9	10.7	64.3
2,000-2,499	2,700	1.3	6.0	6.9	3.9	7.1	65.4
2,500 +	5,120	2.5	19.7	22.7	13.9	25.3	70.6
			Radiology				
U.S. Total	394,660	100.0	$ 40.9	100.0	$ 26.9	100.0	65.8
$ 1-99	280,420	71.1	10.6	26.0	6.9	25.5	64.6
100-149	42,120	10.7	5.1	12.5	3.3	12.2	64.2
150-199	22,000	5.6	3.7	9.2	2.5	9.3	66.6
200-249	13,820	3.5	3.1	7.5	2.0	7.3	64.5
250-299	9,060	2.3	2.5	6.0	1.7	6.2	67.9
300-349	6,500	1.6	2.1	5.1	1.5	5.4	69.8
350-399	4,020	1.0	1.5	3.7	1.0	3.9	69.8
400-499	5,240	1.3	2.3	5.7	1.5	5.5	63.5
500-699	6,140	1.6	3.6	8.8	2.4	8.8	65.9
700-999	2,840	.7	2.3	5.7	1.7	6.2	71.4
1,000-1,499	1,560	.4	1.9	4.6	1.3	4.8	69.9
1,500-1,999	400	.1	.7	1.7	.3	1.1	41.9
2,000-2,499	320	.1	.7	1.7	.5	1.9	73.3
2,500 +	220	.1	.8	1.9	.5	1.8	65.0

[1] These data were produced through a special tabulation. Thus, the total number of persons served differs from data shown in Table 9A.
[2] Excludes suppliers.

Part IX

Beneficiary Liability and Cost Sharing

30a. Percent of Aged Users with Patient Liability as a Result of Unassigned Claims, by State

1975

Unassigned claims affect a high proportion of Medicare enrollees. Of the total Aged Medicare enrollees who received payments for physicians' services, nearly 70 percent had some liability from unassigned claims. Nearly 10 percent of the Aged users were liable for $100 or more from unassigned claims.

There was a wide variation by State in the percentage of users affected by unassigned claims. In 1975, the highest percentage of users with unassigned claims was in Oregon—93.3 percent and the lowest percentage was in Mississippi—48.5 percent. In that year, nearly 17 percent of the users in Oregon were liable for $100 or more as a result of unassigned claims. Wyoming and Arizona had even greater proportions of users with a liability of $100 or more—18.1 percent and 18.2 percent, respectively.

1975-1978

Nationally, the percent of Aged users with some liability from unassigned claims rose each year during the period 1975 through 1978, as did the proportion with liability of $100 or more. In 1978, the percent of users with some liability from unassigned claims was about 78 percent; about 15 percent had a liability of $100 or more. Oregon remained the State with the highest percentage of Aged users affected by unassigned claims, 92.5 percent, and Alaska had the highest percentage of users with liability of $100 or more—32.6 percent.

TABLE 30a
Medicare: Percent of Aged Users with Unassigned Claims, by State, 1975-1978

Area of Residence	Percent of Users With Unassigned Claims				Percent of Users With a Liability of $100 or More on Unassigned Claims			
	1975	1976	1977	1978	1975	1976	1977	1978
U.S. Total	69.7	73.4	75.8	77.9	9.7	11.8	12.7	14.9
Northeast	71.8	72.8	71.6	72.6	8.6	9.5	9.7	10.7
New England	61.0	62.6	60.3	63.4	6.7	6.6	6.0	6.9
Maine	53.8	54.3	52.5	60.8	4.1	2.7	5.2	5.6
New Hampshire	69.6	72.3	71.6	74.6	9.5	7.0	7.6	6.1
Vermont	57.1	65.1	69.1	71.1	4.2	7.9	6.4	7.4
Massachusetts	51.3	53.3	47.8	53.8	4.6	4.3	3.4	4.8
Rhode Island	57.2	53.5	53.4	50.9	62.9	3.0	3.0	3.3
Connecticut	83.7	85.4	86.0	84.4	13.4	13.7	12.2	13.0
Middle Atlantic	75.4	76.2	75.3	75.9	9.2	10.5	11.0	12.0
New York	75.4	75.7	75.2	76.8	11.9	12.5	13.1	14.4
New Jersey	82.1	82.9	82.7	83.8	8.9	11.5	12.7	13.7
Pennsylvania	71.2	72.8	70.9	69.0	5.1	6.5	6.6	6.8
North Central	79.8	80.4	81.1	82.2	11.4	13.7	14.8	16.9
East North Central	79.8	80.1	80.9	82.0	11.8	14.3	15.7	17.5
Ohio	86.7	86.6	87.1	87.6	12.2	15.5	17.8	19.5
Indiana	88.3	87.9	86.7	89.0	12.6	16.3	14.3	18.1
Illinois	81.5	81.7	82.1	83.6	13.8	17.4	18.5	20.7
Michigan	64.2	64.9	68.7	68.9	7.3	7.6	10.0	10.2
Wisconsin	80.6	81.6	82.9	82.6	13.5	14.9	17.8	19.1
West North Central	79.6	80.9	81.4	82.6	10.7	12.6	13.1	15.5
Minnesota	80.1	80.7	81.5	82.1	10.8	13.2	14.6	15.0
Iowa	84.5	86.0	85.4	87.6	13.0	14.2	15.0	18.5
Missouri	79.7	80.3	80.8	82.0	10.6	12.4	12.1	15.9
North Dakota	78.3	83.4	83.7	85.7	9.5	14.2	10.5	14.1
South Dakota	87.2	85.2	87.1	85.6	11.2	17.7	17.5	17.5
Nebraska	85.4	87.3	85.8	86.5	12.5	15.1	14.4	17.1
Kansas	67.6	71.5	73.1	74.6	6.9	6.9	9.4	10.6
South	70.7	72.4	[2]	[2]	10.2	12.4	[2]	[2]
South Atlantic	75.2	75.1	76.7	78.8	11.4	12.5	11.4	14.6
Delaware	70.0	69.6	69.8	69.1	4.3	7.3	6.6	8.6
Maryland	66.8	70.4	70.3	72.4	7.5	8.1	8.0	9.3
Dist. of Columbia	63.7	59.7	57.8	61.7	8.2	12.2	9.1	9.5
Virginia	69.4	71.0	72.2	72.2	9.1	10.5	11.1	12.1
West Virginia	67.6	68.6	69.3	72.1	7.1	8.2	9.6	12.1
North Carolina	69.6	70.0	70.0	73.8	6.4	7.9	9.6	11.4
South Carolina	64.1	62.7	62.7	55.9	3.9	7.4	8.4	3.7
Georgia	63.5	67.8	68.7	68.9	8.0	11.6	11.7	13.6
Florida	86.5	85.2	87.6	89.9	17.2	17.5	13.7	19.2
East South Central	63.1	66.0	66.0	69.1	8.7	11.0	11.4	14.3
Kentucky	72.3	73.7	74.3	74.6	11.3	10.9	14.7	17.6
Tennessee	72.0	74.7	73.7	76.6	11.1	15.2	13.5	17.4
Alabama	56.1	60.1	56.5	62.8	5.6	9.3	8.1	10.7
Mississippi	48.5	51.3	55.8	58.3	6.5	6.6	8.3	10.0
West South Central	67.8	71.7	[2]	[2]	9.2	13.2	[2]	[2]
Arkansas	66.6	68.8	68.3	72.5	7.0	9.5	8.8	12.9
Louisiana	68.4	70.9	70.1	69.2	11.2	14.0	13.6	12.0
Oklahoma	77.1	79.9	80.6	82.0	11.5	15.4	17.1	20.2
Texas	65.6	70.5	[2]	[2]	8.5	13.2	[2]	[2]
West	[1]	[1]	75.2	77.5	[1]	[1]	14.0	17.3
Mountain	79.7	82.7	84.2	84.6	12.4	15.6	15.8	18.1
Montana	86.8	88.8	90.5	90.1	8.0	15.3	13.8	19.6
Idaho	85.1	90.4	91.0	90.5	15.2	16.1	16.0	18.5
Wyoming	83.5	89.1	87.9	91.0	18.1	23.4	21.0	25.7
Colorado	71.0	75.2	75.5	77.5	7.5	9.9	11.7	15.0
New Mexico	75.7	78.9	82.8	81.6	10.0	14.4	13.5	17.1
Arizona	87.5	89.5	90.3	90.4	18.2	22.4	21.4	21.7
Utah	74.9	77.1	76.3	76.8	11.5	11.8	11.5	13.2
Nevada	77.3	75.5	84.3	83.1	12.7	13.0	15.4	15.7
Pacific	[1]	[1]	72.7	75.4	[1]	[1]	13.5	17.1
Washington	81.6	81.7	83.4	83.5	12.0	14.1	14.7	14.2
Oregon	93.3	92.3	92.4	92.5	16.9	17.9	19.7	18.5
California	[1]	[1]	68.6	72.0	[1]	[1]	12.5	17.3
Alaska	76.2	75.9	89.4	89.1	11.9	17.2	25.5	32.6
Hawaii	76.4	79.0	77.9	78.6	11.8	13.3	14.7	16.9

[1] Data for California incorrectly coded.
[2] Data for Texas incorrectly coded.

30b. Percent of Disabled Users with Patient Liability as a Result of Unassigned Claims, by State

1975

As noted earlier, assignment rates were higher for Disabled persons than for the Aged. Thus, a smaller percentage of Disabled users was affected by liability from unassigned claims. In 1975, nearly 57 percent of Disabled users had some liability from unassigned claims compared to the 70 percent of Aged users. However, there was little difference in the percent of Disabled users with liability of $100 or more—9.3 percent, compared to Aged users—9.7 percent.

1975-1978

Similar to the Aged, the percent of Disabled users with unassigned claims increased each year—rising to about 63 percent in 1978. The percent of Disabled persons with liability of $100 or more also increased each year—reaching nearly 14 percent in 1978.

TABLE 30b
Medicare: Percent of Disabled Users with Unassigned Claims, by State, 1975-1978

Area of Residence	Percent of Users With Unassigned Claims				Percent of Users With a Liability of $100 or More on Unassigned Claims			
	1975	1976	1977	1978	1975	1976	1977	1978
U.S. Total	56.5	59.5	61.1	62.6	9.3	10.7	12.0	13.5
Northeast	53.6	56.4	54.9	55.6	9.2	8.2	8.7	9.5
New England	—	45.3	44.1	45.2	—	5.5	5.3	5.8
Maine	—	30.5	30.8	40.5	—	2.7	0.7	2.9
New Hampshire	—	65.2	62.7	66.7	—	9.5	6.5	9.7
Vermont	—	42.2	46.9	45.1	—	3.7	4.6	3.7
Massachusetts	—	36.6	31.5	33.1	—	3.1	3.3	3.0
Rhode Island	—	41.5	38.5	37.0	—	2.7	3.2	4.3
Connecticut	—	66.7	74.3	72.0	—	12.2	13.0	13.5
Middle Atlantic	—	59.6	58.0	58.8	—	9.0	9.6	10.6
New York	—	58.5	57.6	57.6	—	9.9	10.5	11.6
New Jersey	—	67.4	64.7	66.6	—	11.6	12.2	13.6
Pennsylvania	—	56.3	54.3	55.3	—	5.8	6.8	7.0
North Central	64.0	64.8	64.6	65.2	10.3	12.4	13.3	14.7
East North Central	—	63.8	63.5	64.1	—	12.5	13.5	14.7
Ohio	—	72.5	72.2	72.9	—	14.1	16.5	17.7
Indiana	—	77.7	75.4	78.8	—	16.3	15.6	17.8
Illinois	—	62.1	60.7	62.5	—	15.1	14.6	17.4
Michigan	—	52.0	53.9	52.0	—	7.6	9.2	8.8
Wisconsin	—	60.1	59.7	59.9	—	12.0	13.2	13.1
West North Central	—	67.5	67.7	68.3	—	12.1	12.7	14.9
Minnesota	—	66.4	66.3	67.4	—	12.5	14.4	16.1
Iowa	—	68.3	68.2	69.8	—	13.3	13.6	15.5
Missouri	—	68.9	71.4	70.5	—	12.2	12.2	15.2
North Dakota	—	66.1	68.2	65.2	—	10.2	14.1	14.8
South Dakota	—	75.2	71.0	75.0	—	10.6	14.5	12.9
Nebraska	—	67.3	65.2	62.1	—	9.7	9.6	14.2
Kansas	—	62.4	59.1	63.3	—	11.5	10.7	11.6
South	61.3	62.9	[1]	[1]	9.4	11.1	[1]	[1]
South Atlantic	—	62.7	64.4	66.4	—	10.5	11.9	13.4
Delaware	—	52.8	52.0	46.6	—	3.8	8.8	3.4
Maryland	—	49.9	51.1	53.2	—	8.0	9.6	9.0
Dist. of Columbia	—	33.3	32.3	28.3	—	5.1	2.3	5.9
Virginia	—	55.7	54.1	57.3	—	10.5	9.2	10.5
West Virginia	—	60.8	58.9	65.1	—	9.0	9.6	12.6
North Carolina	—	61.9	62.9	64.1	—	9.0	11.3	11.4
South Carolina	—	59.4	57.6	51.5	—	7.4	8.2	4.0
Georgia	—	61.8	59.6	60.2	—	11.1	12.4	12.1
Florida	—	74.9	81.9	84.4	—	14.2	15.8	20.6
East South Central	—	61.6	62.1	64.5	—	10.2	12.7	14.0
Kentucky	—	66.6	66.5	72.1	—	11.0	12.5	17.8
Tennessee	—	66.2	67.0	65.7	—	12.0	16.5	15.3
Alabama	—	54.7	53.1	57.5	—	7.2	8.5	10.5
Mississippi	—	58.1	60.0	63.3	—	10.4	11.2	12.4
West South Central	—	64.3	[1]	[1]	—	13.1	[1]	[1]
Arkansas	—	64.5	64.0	69.3	—	8.9	11.1	14.3
Louisiana	—	66.0	69.7	66.5	—	15.3	16.9	11.7
Oklahoma	—	71.6	73.9	76.2	—	14.7	18.3	21.2
Texas	—	61.8	[1]	[1]	—	13.4	[1]	[1]
West	[2]	[2]	56.2	56.4	[2]	[2]	12.3	14.3
Mountain	—	75.5	76.3	74.7	—	16.4	17.3	17.0
Montana	—	78.3	79.6	74.9	—	16.8	13.8	14.9
Idaho	—	75.4	77.7	81.0	—	15.2	17.2	19.0
Wyoming	—	85.5	89.7	89.6	—	16.1	26.5	20.9
Colorado	—	66.9	65.0	64.8	—	9.5	12.3	14.4
New Mexico	—	67.0	69.0	67.3	—	13.6	11.7	14.0
Arizona	—	88.3	88.4	87.3	—	24.7	26.3	21.9
Utah	—	67.7	69.4	57.4	—	14.2	10.8	10.3
Nevada	—	69.2	73.8	73.1	—	14.7	15.1	15.9
Pacific	—	[2]	51.6	51.9	—	[2]	11.2	13.6
Washington	—	66.6	70.7	65.7	—	12.8	14.9	14.3
Oregon	—	82.6	83.4	82.7	—	17.3	18.4	16.5
California	—	[2]	46.5	47.4	—	[2]	10.0	13.3
Alaska	—	71.4	69.6	73.1	—	19.1	21.7	23.1
Hawaii	—	49.7	51.5	56.1	—	14.4	11.8	13.1

[1] Data for Texas incorrectly coded.
[2] Data for California incorrectly coded.

31. Average User Liability for SMI Enrollees Compared with Medicare's Average Reimbursement, by Age, Sex, and Race

1977

In addition to liability from unassigned claims, SMI enrollees have liability from the deductible and coinsurance. In 1977, Medicare's 12 million Aged users who exceeded the SMI deductible had an average liability from the deductible, coinsurance, and unassigned claims of $170[9]; the average reimbursement was $312. There were little differences in the average amount of liability by age; differences were greater by sex and race. The average liability incurred by Aged men was 17 percent higher than that for Aged women ($187 versus $160). For Aged white persons the average liability was 34 percent higher than for Aged persons of other races ($174 versus $130).

For the 1.1 million Disabled users, the average liability of $188 was about 11 percent higher than for the Aged. Unlike the Aged, there was very little difference for the Disabled in average liability by sex. By race, the average liability for Disabled white persons was 21 percent higher than for Disabled persons of other races ($194 versus $160).

For the total population, the ratio of average reimbursement ($312) to average liability ($170) was 1.8. However, that ratio varies somewhat by demographic characteristics primarily because of differences in assignment rates. For the oldest age group the ratio of average reimbursement to average liability was 2.0 compared to a ratio of 1.8 for the youngest age group. The ratios for persons of all races other than white and for white persons were 2.2 and 1.8, respectively.

1977-1978

The average liability for Aged users in 1978 rose to $191—an amount about 12 percent higher than that in 1977. The differences in liability by age, sex, and race noted in 1977 were generally the same in 1978.

For the Disabled users, the increase in average liability (10 percent) was not as high as that for the Aged (12 percent). Increases were highest for the under 25 years of age group, for which the average liability rose to $232 (16 percent).

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[9] Not all of these expenses are paid out of pocket by Medicare beneficiaries. Of the total Aged beneficiaries enrolled in Part B, about 11-12 percent were included under the Medicaid "buy-in" provision. In addition, more than half of Medicare beneficiaries have private health insurance which supplements Medicare coverage. These policies are quite varied and may cover some or all of the charges not reimbursed by Medicare.

TABLE 31

Medicare: Number and Percent Distribution of Aged and Disabled SMI Enrollees Who Used Physicians' Services and Exceeded the Deductible, and Average User Liability and Reimbursement, by Age, Sex, and Race, U.S., 1977-1978

Age, Sex, and Race	1977				1978			
	Reimbursed Users		Average Liability[1]	Average Reimbursement	Reimbursed Users		Average Liability[1]	Average Reimbursement
	Number	Percent			Number	Percent		
Aged								
U.S. Total	12,048,500	100.0	$170	$312	13,063,500	100.0	$191	$352
Age:								
65-69	3,624,800	30.1	168	295	3,554,400	27.2	186	332
70-74	3,169,100	26.3	173	313	3,485,800	26.7	193	349
75-79	2,409,400	20.0	173	323	2,696,400	20.6	196	363
80-84	1,638,200	13.6	172	326	1,869,800	14.3	194	366
85 and over	1,207,000	10.0	164	324	1,457,100	11.2	186	367
Sex:								
Men	4,617,600	38.3	187	354	5,010,500	38.4	212	399
Women	7,430,900	61.7	160	286	8,053,000	61.6	178	323
Race:								
White	10,914,700	90.6	174	316	11,803,600	90.4	195	354
Other races	831,300	6.9	130	280	909,200	7.0	145	328
Unknown	302,500	2.5	151	281	350,700	2.7	192	346
Disabled								
U.S. Total	1,090,820	100.0	$188	$402	1,251,780	100.0	$206	$445
Age:								
Under 25	19,220	1.8	200	542	19,520	1.6	232	642
25-44	179,900	16.5	183	431	210,360	16.8	199	480
45-64	891,700	81.7	189	393	1,021,900	81.6	207	434
Sex:								
Men	611,420	56.1	186	399	699,780	55.9	204	445
Women	479,400	43.9	192	405	552,000	44.1	210	446
Race:								
White	923,840	84.7	194	399	1,056,320	84.4	211	441
Other races	152,040	13.9	160	422	175,020	14.0	177	473
Unknown	14,940	1.4	160	361	20,440	1.6	211	444
Aged and Disabled								
U.S. Total	13,139,320	100.0	$172	$320	14,315,280	100.0	$192	$360
Sex:								
Men	5,229,020	39.8	187	359	5,710,280	39.9	211	404
Women	7,910,300	60.2	162	293	8,605,000	60.1	180	331
Race:								
White	11,838,540	90.1	175	322	12,859,920	89.8	196	361
Other races	983,340	7.5	134	302	1,084,220	7.6	150	352
Unknown	317,440	2.4	152	285	371,140	2.6	193	351

[1] Total user liability is defined as the aggregate of the coinsurance, deductible, and liability from unassigned claims.

32. Average User Liability for SMI Enrollees Compared With Medicare's Average Reimbursement, by State

1977

Average liability by census region for Aged users ranged from a low of $158 in the South to $199 in the West. Among the States, Vermont had the lowest average liability per Aged user ($110) and Alaska the highest ($289). For the Disabled, the average liability was also lowest in the South ($176) and highest in the West ($217); by State, Maine had the lowest average liability ($106) and Alaska the highest ($323).

1977-1978

The South and West remained the lowest and highest census regions for average liability in 1978, for both Aged and Disabled users.

TABLE 32

Medicare: Total User Liability, Average Liability, and Average Reimbursement for Aged and Disabled SMI Enrollees Who Used Physicians' Services and Exceeded the Deductible, by State, 1977-1978

Area of Residence	Total User Liability (in thousands)		Average Liability		Average Reimbursement		Total User Liability (in thousands)		Average Liability		Average Reimbursement	
	Aged						Disabled					
	1977	1978	1977	1978	1977	1978	1977	1978	1977	1978	1977	1978
U.S. Total	$2,050,234	$2,497,142	$170	$191	$312	$352	$205,504	$258,148	$188	$206	$402	$445
Northeast	515,473	611,488	165	183	328	376	43,073	54,735	180	198	423	478
New England	104,560	130,886	135	151	283	322	7,885	10,817	147	168	360	429
Maine	7,588	9,166	116	122	264	269	638	774	106	114	263	272
New Hampshire	5,923	6,377	122	121	230	228	597	860	161	189	368	481
Vermont	3,441	4,330	110	129	189	240	377	456	145	139	356	341
Massachusetts	44,324	61,348	122	149	282	343	3,187	4,763	131	159	344	426
Rhode Island	10,734	12,665	129	145	278	327	838	1,173	151	179	353	471
Connecticut	32,551	36,999	176	179	322	335	2,250	2,791	198	215	449	498
Middle Atlantic	410,913	480,602	175	194	343	395	35,188	43,917	190	207	441	493
New York	220,835	272,798	192	221	370	453	16,460	22,092	195	219	433	510
New Jersey	84,168	100,010	184	200	341	370	7,974	10,315	205	227	437	517
Pennsylvania	105,910	107,794	143	144	303	317	10,754	11,511	175	174	453	452
North Central	513,441	623,542	169	187	289	322	48,582	60,197	188	201	381	418
East North Central	355,622	432,958	176	193	304	336	36,668	44,752	193	201	390	418
Ohio	95,979	119,072	179	197	287	315	10,276	12,949	193	207	362	397
Indiana	32,401	49,433	137	172	224	275	3,507	5,412	164	205	328	411
Illinois	96,980	124,028	191	216	321	380	7,248	10,280	188	218	377	450
Michigan	83,098	85,982	174	173	348	350	11,661	11,886	214	192	455	451
Wisconsin	47,165	54,443	178	191	300	330	3,975	4,226	183	171	375	334
West North Central	157,818	190,584	155	174	258	294	11,914	15,445	175	201	356	419
Minnesota	38,764	38,181[1]	161	174[1]	272	292[1]	2,713	2,930	181	191	356	396
Iowa	27,344	36,616	154	189	240	293	1,999	2,956	175	220	358	434
Missouri	42,219	57,435	155	180	263	317	4,027	5,764	171	203	341	417
North Dakota	5,735	9,056	128	184	208	295	431	578	160	214	301	488
South Dakota	7,049	6,657[1]	169	155[1]	237	242[1]	538	456[1]	217	184[1]	495	377[1]
Nebraska	13,196	17,957	148	179	250	285	788	1,002	158	178	348	380
Kansas	23,511	24,683	152	147	274	271	1,418	1,760	180	197	382	456
South	567,602	709,337	158	179	272	313	64,629	83,413	176	196	350	401
South Atlantic	306,028	405,619	159	186	300	349	35,259	46,586	177	201	379	441
Delaware	4,328	5,109	142	156	257	342	415	486	166	166	412	484
Maryland	30,925	35,828	165	181	348	397	3,132	3,745	198	208	502	535
Dist. of Columbia	6,475	7,704	173	192	359	433	482	734	181	241	448	687
Virginia	32,909	39,399	155	166	282	310	4,047	5,091	169	182	382	416
West Virginia	12,134	17,037	129	144	214	253	1,856	3,048	137	173	273	348
North Carolina	35,101	42,856	142	153	252	274	5,733	7,530	169	187	363	425
South Carolina	12,910	5,047[1]	128	65[1]	224	132[1]	2,304	1,156[1]	153	88[1]	322	213[1]
Georgia	36,671	42,839	164	169	292	313	6,384	7,788	177	190	371	426
Florida	134,574	207,801	170	224	329	407	10,905	17,008	194	249	395	499
East South Central	100,486	129,918	148	171	247	296	13,962	19,308	171	192	336	392
Kentucky	25,239	31,649	160	183	259	311	2,681	4,306	164	203	301	393
Tennessee	34,279	44,999	157	185	253	299	5,383	6,769	186	196	359	388
Alabama	23,106	33,038	134	159	232	296	3,245	4,885	161	185	347	418
Mississippi	17,862	20,232	138	150	245	270	2,653	3,348	162	182	318	360
West South Central	161,088	175,801	163	171	236	250	15,408	17,520	181	189	294	314
Arkansas	18,161	28,608	139	182	222	327	2,270	3,668	150	196	255	386
Louisiana	18,584	16,188[1]	148	133[1]	229	208[1]	2,315	1,933[1]	179	141[1]	321	260[1]
Oklahoma	29,545	36,720	173	196	276	310	2,910	3,628	196	227	351	418
Texas	94,798	94,285[1]	168	167[1]	229	218[1]	7,912	8,291	188	187	279	262
West	452,739	550,870	199	229	386	424	49,019	59,395	217	240	489	516
Mountain	89,598	111,722	181	204	317	362	8,960	10,981	215	224	437	450
Montana	7,053	9,956	168	215	300	401	681	743	188	191	378	404
Idaho	7,166	8,673	161	176	245	267	801	1,047	186	226	359	408
Wyoming	2,975	3,498	190	224	283	351	281	270[1]	207	202[1]	331	316[1]
Colorado	18,379	25,196	148	184	271	335	1,754	2,228	186	198	379	416
New Mexico	8,749	11,257	171	187	298	334	971	1,096	196	202	376	409
Arizona	32,904	39,059	229	247	397	435	3,223	4,007	282	280	582	535
Utah	6,603	7,377	144	154	266	278	458	527	146	129	308	233
Nevada	5,770	6,709	202	203	376	397	791	1,062	230	264	525	659
Pacific	363,141	439,148	204	236	405	442	40,059	48,414	217	243	500	532
Washington	40,604	40,690[1]	185	177[1]	318	285[1]	3,881	3,971[1]	198	184[1]	370	345[1]
Oregon	29,423	31,479	194	197	312	310	2,655	2,881	221	224	428	455
California	284,753	355,993	209	250	431	483	32,748	40,428	220	253	525	561
Alaska	1,358	1,978	289	430	512	773	148	201	323	386	804	939
Hawaii	7,004	9,008	187	214	328	374	626	933	185	236	397	549

[1] Amounts shown are as reported by the fiscal agents (carriers). These data reflect the incompleteness in the reporting of claims and thus U.S. totals are estimated to be 3 to 5 percent under-reported

33. Beneficiaries Distributed by Amount of Total Liability

1977

About 17 percent of the Aged users had total liability of $50 or less and received average reimbursements of $47. About 4 percent of the Aged users had incurred liability of more than $600 and received an average reimbursement of $1,925.

For Disabled users, about 20 percent had liability of $50 or less and received average reimbursements of $49. A greater proportion of Disabled persons had incurred liability of over $600—6 percent compared to 4 percent of the Aged.

1977-1978

A smaller proportion of Aged persons had incurred liability of $50 or less in 1978 (15 percent), compared to 1977 (17 percent). In 1978, nearly 6 percent of the Aged enrollees had liability of over $600 and the average reimbursement was $2,094.

The pattern of the distribution of Disabled users by amount of liability was similar to that of the Aged, that is, there was a smaller proportion of Disabled persons in 1978 with incurred liability of $50 or less, and a higher proportion with incurred liability of $600 or more.

TABLE 33
Medicare: Distribution of Aged and Disabled Enrollees Who Used Physicians' Services and Exceeded the Deductible and Received Reimbursements, and Average Reimbursement by Amount of User Liability, U.S., 1977-1978

Amount of Total User Liability[1]	1977			1978		
	Reimbursed Users			Reimbursed Users		
	Number (in thousands)	Percent	Average Reimbursement	Number (in thousands)	Percent	Average Reimbursement
			Aged			
U.S. Total	12,049	100.0	$ 312	13,064	100.0	$ 352
$ 0-50	2,038	16.9	47	1,981	15.2	45
51-75	2,116	17.6	57	2,089	16.0	56
76-100	2,028	16.8	96	2,173	16.6	93
101-150	2,135	17.7	184	2,367	18.1	180
151-200	1,039	8.6	325	1,174	9.0	314
201-250	626	5.2	467	723	5.5	452
251-300	423	3.5	600	500	3.8	593
301-400	550	4.6	784	654	5.0	772
401-600	560	4.7	1,095	671	5.1	1,090
601 +	534	4.4	1,925	732	5.6	2,094
			Disabled			
U.S. Total	1,091	100.0	$ 402	1,252	100.0	$ 445
$ 0-50	220	20.2	49	243	19.4	47
51-75	180	16.5	68	193	15.4	68
76-100	159	14.5	115	179	14.3	111
101-150	172	15.7	215	202	16.1	210
151-200	94	8.6	361	107	8.6	362
201-250	58	5.3	503	66	5.3	499
251-300	41	3.8	643	48	3.8	635
301-400	52	4.8	843	61	4.9	823
401-600	53	4.9	1,203	65	5.2	1,206
601 +	62	5.7	2,628	87	7.0	2,748

[1] Total user liability is defined as the aggregate of the coinsurance, deductible, and liability from unassigned claims.

34. Percent Distribution of Physicians' Charges by Enrollee Liability and Medicare Payments, by Age, Sex, Race and Census Region

1975

Beneficiary participation or cost-sharing begins with the monthly premium. Additional cost-sharing in outlays for the deductible and coinsurance is a variable expense and depends upon use. Similarly, liability arising from unassigned claims is a variable expense that depends upon the level of use and charges for services. In 1975 physicians' charges (less the charges above the allowed charges on assigned claims) were estimated at $4.6 billion for Aged enrollees. Medicare reimbursements were $2.8 billion (Table 5) or 62.3 percent of these physicians' charges. Enrollees had a total liability (that is, from the deductible, coinsurance and amount above the allowed charges on unassigned claims, but not including the Part B premium) of $1.7 billion or 37.7 percent.

For Disabled enrollees, estimated physicians' charges (less the charges above the allowed charges on asssigned claims) were $400 million in 1975. Medicare reimbursements were 66.5 percent of total charges due and beneficiary liability was 33.5 percent of these charges.

1975-1978

Liability for Aged enrollees as a percent of physicians' charges showed a gradual decline each year during the 1975-1978 period, dropping to 36.2 percent of physicians' charges in 1978; similarly, percent liability for Disabled enrollees dropped to 32.5 percent of physicians' charges during this period.

TABLE 34

Medicare: Total Physicians' Charges to the Aged and Disabled, Percent Paid by Enrollees and Percent Paid by Medicare, by Age, Sex, Race, and Census Region, U.S., 1975-1978

Age, Sex, Race, and Census Region	Total Physicians' Charges[1] (in millions)				Percent Distribution: Enrollee Payments: Deductible, Coinsurance, and Liability on Unassigned Claims				Percent Distribution: Medicare Payments[2]			
	1975	1976	1977	1978	1975	1976	1977	1978	1975	1976	1977	1978
AGED AND DISABLED												
	$4,972.7	$5,835.3	$6,589.3	$8,036.0	37.4	37.0	36.2	35.9	62.6	63.0	63.8	64.1
AGED												
U.S. Total	$4,572.8	$5,286.3	$5,934.5	$7,209.8	37.7	37.4	36.6	36.2	62.3	62.6	63.4	63.8
Age:												
65-69	1,260.0	1,597.4	1,718.8	1,883.8	38.5	37.9	37.8	37.3	61.5	62.1	62.2	62.7
70-74	1,229.7	1,406.3	1,576.8	1,924.0	38.0	37.7	37.1	36.7	62.0	62.3	62.9	63.3
75-79	956.9	1,070.4	1,214.0	1,526.3	37.5	36.9	36.0	35.9	62.5	63.1	64.0	64.1
80-84	679.5	738.3	826.8	1,058.5	37.0	36.8	35.5	35.3	63.0	63.2	64.5	64.7
85 and over	446.7	473.4	598.0	816.4	36.6	36.3	34.6	34.4	63.4	63.7	65.4	65.6
Sex:												
Men	1,942.0	2,244.2	2,542.7	3,100.7	36.8	36.4	35.7	35.6	63.2	63.6	64.3	64.4
Women	2,630.8	3,041.9	3,391.7	4,109.2	38.5	38.0	37.3	36.8	61.5	62.0	62.7	63.2
Race:												
White	4,238.0	4,884.1	5,449.4	6,577.5	37.9	37.6	36.8	36.5	62.1	62.4	63.2	63.5
Other races	265.9	318.7	350.1	440.2	35.1	34.0	33.6	31.2	64.9	66.0	66.4	67.8
Census Region:												
Northeast	1,255.6	1,443.3	1,574.4	1,905.1	36.8	35.9	34.9	33.9	63.2	64.1	65.1	66.1
North Central	1,088.4	1,233.2	1,426.7	1,734.9	39.3	39.4	38.3	37.9	60.7	60.6	61.7	62.1
South	1,311.6	1,503.4	1,583.8	1,980.4	39.1	38.5	38.2	37.5	60.9	61.5	61.8	62.5
West	[3]	[3]	1,346.8	1,584.8	[3]	[3]	34.9	35.7	[3]	[3]	65.1	64.3
DISABLED												
U.S. Total	$ 399.9	$ 549.0	$ 654.8	$ 826.2	33.5	33.1	33.1	32.5	66.5	66.9	66.9	67.5
Age:												
Under 25												
25-44	—	107.8[4]	127.5[4]	162.9[4]	—	30.9[4]	31.0[4]	30.3[4]	—	69.1[4]	69.0[4]	69.7[4]
45-64	—	441.2	527.3	663.2	—	33.7	33.6	33.1	—	66.3	66.4	66.9
Sex:												
Men	—	308.2	365.0	461.1	—	33.1	33.1	32.5	—	66.9	66.9	67.5
Women	—	240.7	289.9	365.1	—	33.1	32.9	32.5	—	66.9	67.1	67.5
Race:												
White	—	471.5	556.2	696.7	—	33.8	33.7	33.2	—	66.2	66.3	66.8
Other races	—	72.8	90.7	116.1	—	28.6	29.2	28.7	—	71.4	70.8	71.3
Census Region:												
Northeast	93.0	122.8	146.3	189.7	32.2	32.0	31.0	30.2	67.8	68.0	69.0	69.8
North Central	85.6	121.5	149.0	187.7	34.5	34.2	34.1	33.2	65.5	65.8	65.9	66.8
South	130.9	177.4	197.5	258.2	35.3	34.4	35.1	33.8	64.7	65.6	64.9	66.2
West	[3]	[3]	161.4	189.2	[3]	[3]	31.5	32.4	[3]	[3]	68.5	67.6

[1] Excludes charges above allowed charge on assigned claims.
[2] Includes prorated premium contributions, that is, amount of total Part B premium applied for physicians' services.
[3] Data unreliable for California.
[4] Data for the two age groups, under 25 and 25-44 years, are combined.

35. Amount of Enrollee Liability and Medicare Payments, Per Enrollee

1975

Total physicians' charges of $4.6 billion for the Aged (shown in Table 34) resulted in per enrollee charges of $209.81 in 1975. Of this amount, beneficiary liability for the deductible, coinsurance, and liability on unassigned claims was $79.17 and Medicare paid $130.64. For the Disabled, the corresponding figures were $68.72 and $136.80.

1975-1978

Physicians' charges per enrollee for Aged persons rose to $308.87 representing a 47 percent increase over 1975. Liability per Aged enrollee rose to $111.92 by 1978, representing an increase of 41 percent over 1975. Medicare payments per Aged enrollee rose to $196.95 in 1978—an increase of 51 percent over 1975. For the Disabled, liability per enrollee was $107.00 in 1978, (a 56 percent increase over 1975); and Medicare payments were $222.00 in 1978, (a 62 percent increase over 1975).

TABLE 35
Medicare: Total Physicians' Charges to the Aged and Disabled, Enrollee Liability, and Medicare Payments Per Enrollee, by Age, Sex, Race, and Census Region, U.S., 1975-1978

Age, Sex, Race, and Census Region	Physicians' Charges per Enrollee[1]				Enrollee Payments: Deductible, Coinsurance, and Liability on Unassigned Claims				Medicare Payments per Enrollee[2]			
	1975	1976	1977	1978	1975	1976	1977	1978	1975	1976	1977	1978
AGED AND DISABLED												
	$209.46	$238.86	$261.89	$310.82	$78.32	$88.30	$ 94.90	$111.44	$131.14	$150.56	$166.99	$199.38
AGED												
U.S. Total	$209.81	$237.19	$260.14	$308.87	$79.17	$88.63	$ 95.18	$111.92	$130.64	$148.56	$164.96	$196.95
Age:												
65-69	171.54	212.76	224.61	242.18	66.07	80.68	84.88	90.32	105.47	132.08	139.73	151.86
70-74	212.60	237.17	259.52	308.70	80.71	89.43	96.20	113.28	131.89	147.74	163.32	195.42
75-79	229.29	254.50	283.40	348.00	85.93	94.00	101.94	125.04	143.36	160.50	181.46	222.96
80-84	250.99	265.14	291.54	367.87	92.89	97.63	103.46	130.02	158.10	167.51	188.08	237.85
85 and over	250.20	254.72	304.25	395.13	91.44	92.38	105.33	136.00	158.76	162.34	198.92	259.13
Sex:												
Men	220.79	250.28	277.87	331.89	81.17	91.18	99.11	117.98	139.62	159.10	178.76	213.91
Women	202.39	228.36	248.25	293.52	77.83	86.90	92.54	107.89	124.56	141.46	155.71	185.63
Race:												
White	217.87	245.88	268.31	316.96	82.52	92.37	98.66	115.65	135.35	153.51	169.65	201.31
Other races	151.27	175.14	186.08	225.97	53.09	59.53	62.50	72.80	98.18	115.61	123.58	153.17
Census Region:												
Northeast	230.96	261.47	280.82	334.83	85.00	93.75	97.98	113.50	145.96	167.72	182.84	221.33
North Central	181.21	202.01	229.86	275.64	71.16	79.53	88.15	104.46	110.05	122.48	141.71	171.18
South	191.60	213.36	218.04	264.19	74.88	82.15	83.19	99.03	116.72	131.21	134.85	165.16
West	[3]	[3]	362.40	412.31	[3]	[3]	126.38	147.07	[3]	[3]	236.02	265.24
DISABLED												
U.S. Total	$205.53	$256.20	$279.04	$329.00	$68.72	$84.87	$ 92.29	$107.00	$136.80	$171.33	$186.75	$222.00
Age:												
Under 25												
25-44	—	213.15[4]	227.21[4]	269.06[4]	—	65.87[4]	70.39[4]	81.43[4]	—	147.28[4]	156.82[4]	187.63[4]
45-64	—	269.51	295.27	348.01	—	90.76	99.11	115.09	—	178.75	196.16	232.92
Sex:												
Men	—	230.65	250.18	295.33	—	76.41	82.94	96.10	—	154.24	167.24	199.23
Women	—	298.55	326.44	384.40	—	98.89	107.64	124.97	—	199.66	218.80	259.43
Race:												
White	—	265.78	287.76	337.76	—	89.97	97.03	112.01	—	175.81	190.73	225.75
Other races	—	216.77	241.79	286.29	—	62.05	70.55	82.12	—	154.72	171.24	204.17
Census Region:												
Northeast	219.25	260.54	284.77	344.02	70.47	83.29	88.38	103.85	148.78	177.25	196.39	240.17
North Central	184.30	237.56	267.14	326.88	63.49	81.14	91.02	105.29	120.81	156.42	176.12	221.59
South	180.42	222.42	226.46	275.34	63.64	76.55	79.40	93.25	116.78	145.87	147.06	182.11
West	[3]	[3]	404.58	443.86	[3]	[3]	127.61	143.71	[3]	[3]	276.97	300.15

[1] Excludes charges above allowed charge on assigned claims.
[2] Includes prorated premium contributions, that is, amount of total Part B premium applied for physicians' services.
[3] Data unreliable for California.
[4] Data for the two age groups, under 25 and 25-44 years, are combined.

36. Percent Distribution of Physicians' Charges by Total Enrollee Liability and Net Medicare Payments, and by Age, Sex, Race, and Census Region

1975

In addition to the beneficiary variable liability shown in Tables 34 and 35, there remains another source of beneficiary expense—the monthly Part B premium. By subtracting the premium contributions out of Medicare reimbursements, the net Medicare contribution from public funds for Aged enrollees in 1975 was reduced to 30.8 percent compared to 62.3 percent shown in Table 34. Thus, the total beneficiary liability rises to 69.2 percent of total physicians' charges in 1975 compared to 37.7 percent shown in Table 34.

For Disabled beneficiaries, Medicare contributions to total physicians' charges, were reduced to 46.6 percent compared to 66.5 percent shown in Table 34, and beneficiary liability rose to 53.5 percent of physicians' charges compared to the 33.5 percent shown in Table 34.

1975-1978

Net Medicare contributions as a proportion of physicians' charges to Aged enrollees increased each year during the 1975-1978 period, reaching 40.3 percent in 1978. Similar to the Aged, net Medicare contributions for Disabled persons also rose during this period, increasing to 52.1 percent of physicians' charges in 1978. There were two reasons for the increase in the proportion of total physicians' charges that Medicare contributed during the 1975-1978 period: (1) the beneficiary premiums did not rise at the same rate as physicians' charges, and (2) the deductible was held fixed throughout this period.

TABLE 36
Medicare: Total Physicians' Charges to the Aged and Disabled, Percent Liability Paid by Enrollees and Percent Paid by Medicare, by Age, Sex, Race, and Census Region, U.S., 1975-1978

Age, Sex, Race, and Census Region	Total Physicians' Charges[1] (in millions)				Percent Liability Paid by Enrollee								Percent Paid by Medicare (Net)			
					Premium[2]				Deductible, Coinsurance, and Liability on Unassigned Claims							
	1975	1976	1977	1978	1975	1976	1977	1978	1975	1976	1977	1978	1975	1976	1977	1978
AGED AND DISABLED																
	$4,972.7	$5,835.3	$6,589.3	$8,036.0	30.5	26.4	25.4	22.6	37.4	37.0	36.2	35.9	32.1	36.6	38.3	41.5
AGED																
U.S. Total	$4,572.8	$5,286.3	$5,934.5	$7,209.8	31.5	27.4	26.5	23.5	37.7	37.4	36.5	36.2	30.8	35.2	37.0	40.3
Age:																
65-69	1,260.0	1,597.4	1,718.8	1,883.8	38.5	30.6	30.6	29.9	38.5	37.9	37.7	37.3	23.0	31.5	31.6	32.8
70-74	1,229.7	1,406.3	1,576.8	1,924.0	31.0	27.4	26.5	23.5	38.0	37.7	37.1	36.7	31.0	34.9	36.4	39.8
75-79	956.9	1,070.4	1,214.0	1,526.3	28.8	25.6	24.3	20.8	37.5	36.9	36.0	35.9	33.7	37.5	39.7	43.3
80-84	679.5	738.3	826.8	1,058.5	26.3	24.5	23.6	19.7	37.0	36.9	35.5	35.3	36.7	38.6	40.9	45.0
85 and over	446.7	473.4	598.0	816.4	26.4	25.5	22.6	18.4	36.5	36.3	34.7	34.4	37.1	38.2	42.7	47.2
Sex:																
Men	1,942.0	2,244.2	2,542.7	3,100.7	29.9	26.0	24.8	21.8	36.8	36.4	35.6	35.6	33.3	37.6	39.6	42.6
Women	2,630.8	3,041.9	3,391.7	4,109.2	32.6	28.5	27.7	24.7	38.5	38.0	37.3	36.8	28.9	33.5	35.0	38.5
Race:																
White	4,238.0	4,884.1	5,449.4	6,577.5	30.3	26.4	25.6	22.9	37.9	37.6	36.8	36.5	31.8	36.0	37.6	40.6
Other races	265.9	318.7	350.1	440.2	43.6	37.1	37.0	33.1	35.1	34.0	33.6	31.2	21.3	28.9	29.4	35.7
Census Region:																
Northeast	1,255.6	1,443.3	1,574.4	1,905.1	28.6	24.9	24.5	21.7	36.8	35.8	34.9	33.9	34.6	39.3	40.6	44.4
North Central	1,088.4	1,233.2	1,426.7	1,734.9	36.4	32.2	30.0	26.3	39.3	39.4	38.3	37.9	24.3	28.4	31.7	35.8
South	1,311.6	1,503.4	1,583.8	1,980.4	34.4	30.5	31.6	27.4	39.1	38.5	38.1	37.5	26.5	31.0	30.3	35.1
West	[3]	[3]	1,346.8	1,584.8	[3]	[3]	19.0	17.6	[3]	[3]	34.9	35.7	[3]	[3]	46.1	46.7
DISABLED																
U.S. Total	$ 399.9	$ 549.0	$ 654.8	$ 826.2	20.0	17.0	15.9	15.4	33.5	33.1	33.1	32.5	46.6	49.9	51.0	52.1
Age:																
Under 25																
25-44	—	107.8[4]	127.5[4]	162.9[4]	—	20.4[4]	19.5[4]	18.8[4]	—	30.9[4]	31.0[4]	30.3[4]	—	48.7[4]	49.5[4]	50.9[4]
45-64	—	441.2	527.3	663.2	—	16.1	15.1	14.5	—	33.7	33.6	33.1	—	50.2	51.3	52.4
Sex:																
Men	—	308.2	365.0	461.1	—	18.9	17.8	17.2	—	33.1	33.1	32.5	—	48.0	49.1	50.3
Women	—	240.7	289.9	365.1	—	14.5	13.6	13.2	—	33.1	33.0	32.5	—	52.4	53.4	54.3
Race:																
White	—	471.5	556.2	696.7	—	16.3	15.4	14.9	—	33.9	33.7	33.2	—	49.8	50.9	51.9
Other races	—	72.8	90.7	116.1	—	20.0	18.4	17.6	—	28.6	29.2	28.7	—	51.4	52.4	53.7
Census Region:																
Northeast	93.0	122.8	146.3	189.7	18.7	16.7	15.6	14.7	32.2	32.0	31.0	30.2	49.1	51.3	53.4	55.1
North Central	85.6	121.5	149.0	187.7	22.2	18.3	16.6	14.5	34.5	34.2	34.1	33.2	43.3	47.6	49.3	52.3
South	130.9	177.4	197.5	258.2	22.7	19.6	19.6	18.4	35.3	34.4	35.1	33.8	42.0	46.0	45.3	47.8
West	[3]	[3]	161.4	189.2	[3]	[3]	11.0	11.4	[3]	[3]	31.5	32.4	[3]	[3]	57.5	56.2

[1] Excludes charges above allowed charge on assigned claims.
[2] Because Part B premiums cover other than physicians' services, the percent shown as premium liability is based on a prorated amount of total Part B reimbursements for physicians' services. See Appendix B.
[3] Data unreliable for California.
[4] Data for the two age groups, under 25 and 25-44 years, are combined.

37. Amount of Total Liability and Net Medicare Payments, Per Enrollee, by Age, Sex, Race and Census Region

1975

After premium amounts are subtracted out of Medicare reimbursements the distribution of physicians' charges per Aged enrollee by beneficiary liability and Medicare contribution shows a shift:

Beneficiary liability:		$145.18
Fixed expenses	66.01	
Variable expenses	79.17	
Net Medicare Contribution		$ 64.63

The exclusion of the premium amount of $66.01 per enrollee reduced the Medicare contributions from $130.64 (Table 35) to a net contribution of $64.63 per enrollee. For the Disabled, the Medicare contributions per enrollee were reduced from $136.80 (Table 35) to a net amount of $95.80.

1975-1978

As shown in the discussion for Table 35, physicians' charges per enrollee for Aged persons rose to $308.87 representing a 47 percent increase over 1975. Liability per enrollee rose to $184.42 or 27 percent above the 1975 level; the net Medicare contribution rose to $124.45 or an increase of 93 percent. For the Disabled, total physicians' charges per enrollee rose to $329.00 in 1978 or a 60 percent increase over 1975; the beneficiary liability rose to $157.56—an increase of 44 percent; and the net Medicare contribution was $171.44—an increase of 79 percent.

TABLE 37
Medicare: Total Physicians' Charges to the Aged and Disabled, Enrollee Liability, and Net Medicare Contributions, Per Enrollee, by Age, Sex, Race, and Census Region, U.S., 1975-1978

Age, Sex, Race, and Census Region	Physicians' Charges per Enrollee[1]				Liability per Enrollee								Net Medicare Contribution per Enrollee[3]			
					Premium[2]				Deductible, Coinsurance, and Liability on Unassigned Claims							
	1975	1976	1977	1978	1975	1976	1977	1978	1975	1976	1977	1978	1975	1976	1977	1978
AGED AND DISABLED																
	$209.46	$238.86	$261.89	$310.82	$63.96	$63.16	$66.56	$70.37	$78.32	$88.30	$ 94.90	$111.44	$ 67.18	$ 87.40	$100.42	$129.01
AGED																
U.S. Total	$209.81	$237.19	$260.14	$308.87	$66.01	$65.05	$68.84	$72.50	$79.17	$88.63	$ 95.18	$111.92	$ 64.63	$ 83.51	$ 96.11	$124.45
Age:																
65-69	171.54	212.76	224.61	242.18	66.01	65.05	68.84	72.50	66.07	80.68	84.88	90.32	39.46	67.03	70.89	79.36
70-74	212.60	237.17	259.52	308.70	66.01	65.05	68.84	72.50	80.71	89.43	96.20	113.28	65.88	82.69	94.47	122.92
75-79	229.29	254.50	283.40	348.00	66.01	65.05	68.84	72.50	85.93	94.00	101.94	125.04	77.35	95.45	112.61	150.46
80-84	250.99	265.14	291.54	367.87	66.01	65.05	68.84	72.50	92.89	97.63	103.46	130.02	92.09	102.46	119.25	165.35
85 and over	250.20	254.72	304.25	395.13	66.01	65.05	68.84	72.50	91.44	92.38	105.33	136.00	92.75	97.29	130.06	186.63
Sex:																
Men	220.79	250.28	277.87	331.89	66.01	65.05	68.84	72.50	81.17	91.18	99.11	117.98	73.61	94.05	109.91	141.41
Women	202.39	228.36	248.25	293.52	66.01	65.05	68.84	72.50	77.83	86.90	92.54	107.89	58.55	76.42	86.87	113.13
Race:																
White	217.87	245.88	268.31	316.96	66.01	65.05	68.84	72.50	82.52	92.37	98.66	115.65	69.34	88.46	100.82	128.81
Other races	151.27	175.14	186.08	225.97	66.01	65.05	68.84	72.50	53.09	59.53	62.60	72.80	32.17	50.55	54.74	80.67
Census Region:																
Northeast	230.96	261.47	280.82	334.83	66.01	65.05	68.84	72.50	85.00	93.75	97.98	113.50	79.95	102.67	114.01	148.83
North Central	181.21	202.01	229.86	275.64	66.01	65.05	68.84	72.50	71.16	79.53	88.15	104.46	44.04	57.43	72.87	98.68
South	191.60	213.36	218.04	264.19	66.01	65.05	68.84	72.50	74.88	82.15	83.19	99.03	50.71	66.16	66.01	92.66
West	[4]	[4]	362.40	412.31	66.01	65.05	68.84	72.50	[4]	[4]	126.38	147.07	103.83	[4]	167.18	192.74
DISABLED																
U.S. Total	$205.53	$256.20	$279.04	$329.00	$41.00	$43.45	$44.43	$50.56	$68.72	$84.87	$ 92.29	$107.00	$ 95.80	$127.88	$142.32	$171.44
Age:																
Under 25																
25-44	—	213.15[5]	227.21[5]	269.06[5]	41.00[5]	43.45[5]	44.43[5]	50.56[5]	—	65.87[5]	70.39[5]	81.43[5]	—	103.83[5]	112.39[5]	137.07[5]
45-64	—	269.51	295.27	348.01	41.00	43.45	44.43	50.56	—	90.76	99.11	115.90	—	135.30	151.73	182.36
Sex:																
Men	—	230.65	250.18	295.33	41.00	43.45	44.43	50.56	—	76.41	82.94	96.10	—	110.79	122.81	148.67
Women	—	298.55	326.44	384.40	41.00	43.45	44.43	50.56	—	98.89	107.64	124.97	—	156.21	174.37	208.87
Race:																
White	—	265.78	287.76	337.76	41.00	43.45	44.43	50.56	—	89.97	97.03	112.01	—	132.36	146.30	175.19
Other races	—	216.77	241.79	286.29	41.00	43.45	44.43	50.56	—	62.05	70.55	82.12	—	111.27	126.81	153.61
Census Region:																
Northeast	219.25	260.54	284.77	344.02	41.00	43.45	44.43	50.56	70.47	83.29	88.38	103.85	107.78	133.80	151.96	189.61
North Central	184.30	237.56	267.14	326.88	41.00	43.45	44.43	50.56	63.49	81.14	91.02	105.29	79.81	112.97	131.69	171.03
South	180.42	222.42	226.46	275.34	41.00	43.45	44.43	50.56	63.64	76.55	79.40	93.25	75.78	102.42	102.63	131.55
West	[4]	[4]	404.58	443.86	41.00	43.45	44.43	50.56	[4]	[4]	127.61	143.71	[4]	[4]	232.54	249.59

[1] Excludes charges above allowed charge on assigned claims.
[2] Because Part B premiums cover other than physicians' services, the amount shown as premium liability is based on a prorated amount of total Part B reimbursements for physicians' services. See Appendix B.
[3] Excluded prorated premium contributions. Source of funds is primarily general revenues.
[4] Data unreliable for California.
[5] Data for the two age groups, under 25 and 25-44 years, are combined.

Definitions

Aged—Persons 65 years of age and over enrolled in the Medicare program.

Assignment Rate—The proportion of SMI total charges (or services) which the physician or supplier agrees to accept the carriers' determination of "allowable" or "reasonable" charges as full payment.

Carrier—Non-Government organization authorized as fiscal agent to determine amounts of payments due and to make such payments for covered services provided to SMI enrollees.

Coinsurance Amount—Share paid by the patient for covered services above the SMI deductible. The program pays 80 percent of allowed charges for covered services after the deductible is met; the beneficiary is responsible for 20 percent of allowed charges except for inpatient radiology and pathology services and for home health services furnished after 1972. For these services, the program pays 100 percent of "reasonable" or "allowed" charges.

Deductible—The first $60 of expenses for covered services in each calendar year that must be paid by the patient. Any expenses incurred by an individual in the last 3 months of a calendar year and applied to the deductible for that year may be carried over and applied to the deductible for the next calendar year. (Effective January 1, 1982, the annual deductible was increased to $75 and the 3-month carryover was eliminated.)

Disabled—Persons under age 65 entitled to Medicare because of coverage under the disability program, and individuals with end-stage renal disease. When disabled beneficiaries attain age 65 they are reclassified as aged enrollees.

Enrollees—Persons eligible for SMI who elect to enroll in the program and agree to pay the monthly premium or have it paid on their behalf.

Medical Care—Physicians' services, including those of podiatrists, surgical chiropodists, and chiropractors; office, home, nursing home, and nonsurgical hospital visits; consultation is excluded.

Physicians' Services—Medicare covers a variety of physicians' and related services, including medical and surgical services by a physician, wherever furnished, major dental surgery, and services usually connected with a physician's treatment and included in his bill—such as diagnostic tests, medical supplies, services of a physician's nurse, drugs and biologicals that cannot be self-administered, and similar services. Other covered services and supplies include X-ray, radium, and radioactive isotope therapy; prosthetic devices; ambulance service, and purchase or rental of durable medical equipment. Also covered are hospital services incident to physicians' services, services of a physical therapist in independent practice, and limited services of a licensed chiropractor.

Reimbursement—Represents 80 percent of allowed charges for covered services each year after the individual has paid the deductible, except for inpatient radiology and pathology services and home health services furnished after 1972. For these services, the program reimburses 100 percent of "reasonable" or "allowed" charges.

Service—A procedure having a separate reasonable charge determination.

Specialty of Physician—Physicians are considered specialists if they consider themselves specialists and so classify themselves, regardless of whether or not they are certified by specialty boards or are eligible for certification. A two-digit code is assigned by the carrier.

Total Charges—Total charges submitted by a physician for services rendered to Medicare enrollees.

Users—Enrollees who exceeded the deductible and received reimbursements under the Medicare SMI program.

Total Liability—Represents a beneficiary's liability (or cost-sharing) resulting from outlays for the deductible and coinsurance and the liability arising from unassigned claims. Where noted, liability also includes the premium payment.

Appendix A

Sources of the Data

Medicare carriers (the Part B fiscal agents) have been required to prepare a payment record for all bills reimbursed under Part B since the beginning of Medicare in 1966. The payment records are used administratively to allow the Health Care Financing Administration (HCFA) to compare the amount of reimbursement for bills with the amount the carriers disburse each month, to validate entitlement to benefits, and to monitor the computation of the reimbursable amount.

To obtain more detailed information than available from the payment records, the Office of Research, Demonstrations, and Statistics (ORDS) in HCFA designed the Bill Summary Record System—hereafter referred to as the "Bill Summary," based upon a 5-percent sample of Medicare beneficiaries. For each beneficiary whose health insurance claim number fell into the sample, carriers were instructed to prepare a Bill Summary for all claims. The Bill Summary was implemented in 1975 and provides data on type of service (for example, medical care, surgery, laboratory, etc.) and site of service (office, hospital, etc.). The Bill Summary record also contains the Medicare ID number of the beneficiary, both the physicians' submitted charges and allowed charges under Medicare, and whether or not the claim was assigned.

Data from the master health insurance enrollment file, which contains the age, sex, race and residence of the beneficiary, are incorporated into the Bill Summary to create a person-record. At the end of each year the data base is refined to include only beneficiaries who exceeded the $60 deductible and received Medicare benefits. Data for the set of persons not exceeding the deductible were eliminated because the set is incomplete; some individuals may choose not to submit claims if they know they have not met the deductible.

The information contained in the Bill Summary Record is based on data submitted on three specific HCFA claims forms: the 1490 (and its variations)—the basic Part B claims form used by either the patient or physician for billing; 1491, used in billing for ambulance services; and 1556, used by GPPP's billing through a carrier. Claims for services submitted on the 1554 (for hospital-based physician) were not included in the Bill Summary system because reimbursement mechanisms for these services differ from the system generally used (see Appendix B, on the provisions of the laws).

It is important to note that neither the patient's diagnosis nor the specific medical or surgical services received has been coded. Thus, the kind of services, for example, visits, injections, cataract operations, cannot be analyzed. Rather, the only utilization data available is counts of "services." A service is defined as a procedure having a separate reasonable charge determination. For each type of service and site of service, the record includes the number of services, the physician's charges, and the amount of Medicare allowed.

The carrier assigns a 2-digit code for the physician specialty in transmitting payment information centrally. When an association of physicians has the same specialty, it is given a group identification number and assigned the code for its particular specialty group. When an association of physicians has more than one specialty it is given a group identification number and assigned the code meaning "multi-specialty" group.

The data for the Aged included in this compendium are from a 1-percent sample of Medicare beneficiaries. Data for the disabled are also based on a 1-percent sample in 1975; however, due to the small size of the disabled population, a 5-percent sample was used for 1976-1978.

Limitations of Data Due to Incompleteness in Reporting

Data on utilization of physicians' services and their charges are obtained from claims submitted for a 5-percent sample of Medicare beneficiaries. It has become apparent that not all carriers submit a complete 5-percent sample of claims in the required time-frame each year, thus, files may be closed with some States having large shortages in counts of physicians' services and charges. These problems vary from year to year with some carriers providing the required sample in one year and not in another.

Estimates have been made on the incompleteness of the data by comparing the Bill Summary to the total payment record for each year. On a national basis the average reimbursement from the Bill Summary for the Aged in 1975 ($131; see Table 7) was 6.3 percent lower than the average reimbursement from the payment records ($139; see Table A). Similar information is provided in Table B for the Disabled and may also be compared with data in Table 7. Figures from the payment records are also provided and may be compared with data in Table 8.

In 1979 a monitoring system was designed to check the timeliness and accuracy of data received from all carriers. The system will highlight "delinquent" carriers and those with improper records. This system will provide better data within the required time period.

Limitations of Data for Hospital-Based Physicians

As noted above, claims for services submitted on the 1554 (for hospital-based physicians) were not included in the Bill Summary system, because reimbursement mechanisms for these services differ from the payment system generally used. Reimbursements for claims submitted by all types of physicians on the 1554 account for an estimated 3 percent of total reimbursements. However, radiology, pathology, and anesthesiology specialists are more likely to be hospital-based physicians and to submit 1554's, as the following data from the payment record system shows:

Physician Specialty	Reimbursement for Claims Submitted on 1554 (Millions)	Percent of All Reimbursement for Specialty
Radiology	$ 2.2	1.2
Pathology	$11.4	29.2
Anesthesiology	$ 2.3	1.7

Also, bills for the services of some radiologists and pathologists who are hospital-based physicians are included under Part A billings (form 1483). Later, the Part B trust fund reimburses the Part A trust fund for these physician services. An estimated $69.7 million in 1975 was paid out to the Part B trust fund for these hospital-based radiology and pathology physician services; these payments cannot be separated into payments for each type.

Reimbursements from the 1554's ($15.9 million) plus reimbursements from Part A billings ($69.7 million) sum to $85.6 million or 21 percent of the $385.6 million total reimbursements to radiologists, pathologists, and anesthesiologists. Thus, 21 percent of the reimbursements for these specialties cannot be included in the data used in this report.

TABLE A

Percent of Aged Enrollees Who Exceeded the Deductible and Received Reimbursements for Physicians' Services and Average Reimbursement Per Enrollee, from the Administrative Payment Record System, by State, 1975-1978

Area of Residence	1975		1976		1977		1978	
	Percent of Enrollees Exceeding the Deductible	Average Reimbursement per Enrollee	Percent of Enrollees Exceeding the Deductible	Average Reimbursement per Enrollee	Percent of Enrollees Exceeding the Deductible	Average Reimbursement per Enrollee	Percent of Enrollees Exceeding the Deductible	Average Reimbursement per Enrollee
U.S. Total	52	$139	55	$162	56	$182	59	$220
Northeast	54	151	58	181	59	201	62	237
New England	53	132	57	159	60	189	62	209
Maine	46	105	51	125	55	151	57	156
New Hampshire	52	110	55	121	58	151	61	160
Vermont	54	112	58	131	60	142	60	153
Massachusetts	52	135	56	165	60	200	62	216
Rhode Island	64	152	68	180	71	208	74	256
Connecticut	53	139	57	169	59	193	62	221
Middle Atlantic	55	157	58	187	59	205	62	246
New York	57	181	61	215	62	229	64	272
New Jersey	56	154	59	182	60	204	63	247
Pennsylvania	51	124	53	150	55	171	58	209
North Central	48	117	51	134	52	153	56	188
East North Central	48	119	50	135	52	156	55	193
Ohio	47	107	50	133	51	153	55	181
Indiana	47	98	50	116	51	136	54	160
Illinois	44	124	46	134	48	157	51	192
Michigan	54	137	57	148	60	177	64	239
Wisconsin	48	125	50	140	52	146	55	181
West North Central	49	112	52	133	53	147	56	177
Minnesota	51	130	54	147	55	155	58	193
Iowa	45	90	48	118	51	134	54	158
Missouri	48	111	50	132	51	144	54	174
North Dakota	57	121	61	143	62	162	64	181
South Dakota	43	87	46	110	47	119	52	142
Nebraska	43	108	46	126	48	134	51	163
Kansas	54	123	57	142	59	174	63	205
South	50	128	53	150	55	170	58	204
South Atlantic	51	137	54	162	57	187	59	224
Delaware	52	123	55	139	59	174	63	196
Maryland	52	138	55	151	57	194	59	237
Dist. of Columbia	58	199	61	232	62	259	65	317
Virginia	45	106	49	126	51	148	55	184
West Virginia	40	81	43	92	45	101	52	138
North Carolina	46	98	47	110	50	125	52	144
South Carolina	45	90	49	104	50	116	53	132
Georgia	50	118	52	137	54	147	57	180
Florida	59	185	62	225	64	258	66	305
East South Central	45	97	48	113	49	123	53	154
Kentucky	39	76	43	96	44	111	48	135
Tennessee	45	98	48	113	50	125	52	155
Alabama	49	115	52	128	53	132	57	174
Mississippi	48	100	50	117	51	122	55	147
West South Central	52	135	54	154	55	175	57	204
Arkansas	51	118	54	142	56	166	58	189
Louisiana	47	111	48	113	50	139	52	170
Oklahoma	50	125	53	141	54	154	55	181
Texas	54	150	56	172	57	194	59	224
West	59	182	61	207	62	227	64	276
Mountain	53	143	55	161	57	182	59	216
Montana	49	113	54	134	54	151	56	194
Idaho	50	112	53	118	54	141	57	157
Wyoming	45	103	47	115	47	125	50	153
Colorado	55	144	58	160	60	178	63	204
New Mexico	51	136	53	158	54	167	57	216
Arizona	56	175	59	194	61	230	62	264
Utah	49	119	50	130	52	140	57	174
Nevada	54	175	55	219	57	225	58	271
Pacific	61	194	63	221	64	241	66	296
Washington	58	144	60	157	61	181	63	207
Oregon	52	129	55	153	57	167	59	195
California	63	213	65	243	66	263	67	326
Alaska	61	195	57	191	60	310	62	345
Hawaii	56	139	60	161	62	185	65	244

TABLE B

Percent of Disabled Enrollees Who Exceeded the Deductible and Received Reimbursements for Physicians' Services and Average Reimbursement Per Enrollee, from the Administrative Payment Record System, by State, 1975-1978

Area of Residence	1975		1976		1977		1978	
	Percent of Enrollees Exceeding the Deductible	Average Reimbursement per Enrollee	Percent of Enrollees Exceeding the Deductible	Average Reimbursement per Enrollee	Percent of Enrollees Exceeding the Deductible	Average Reimbursement per Enrollee	Percent of Enrollees Exceeding the Deductible	Average Reimbursement per Enrollee
U.S. Total	44	$151	48	$180	50	$204	52	$221
Northeast	46	159	49	191	52	217	54	230
New England	44	145	49	175	52	203	53	202
Maine	43	120	49	147	53	164	53	153
New Hampshire	44	134	48	153	51	171	51	178
Vermont	50	136	51	154	52	173	55	176
Massachusetts	41	142	46	173	50	209	51	199
Rhode Island	50	153	54	180	57	211	59	211
Connecticut	48	166	52	200	54	224	56	244
Middle Atlantic	46	163	49	195	52	221	54	237
New York	49	174	52	201	55	222	56	237
New Jersey	48	186	52	226	55	256	55	273
Pennsylvania	41	137	44	172	47	200	50	218
North Central	42	134	46	160	49	185	52	202
East North Central	42	134	47	161	50	188	52	209
Ohio	40	120	46	159	48	181	52	196
Indiana	40	132	45	163	46	183	46	173
Illinois	38	129	41	147	45	177	48	201
Michigan	47	144	51	164	56	210	58	245
Wisconsin	49	165	52	185	53	190	58	219
West North Central	42	134	45	160	48	177	49	184
Minnesota	45	164	49	186	50	198	51	200
Iowa	40	119	42	147	46	171	49	184
Missouri	41	123	44	147	46	160	46	170
North Dakota	48	130	51	158	52	172	51	189
South Dakota	35	102	38	143	38	144	38	137
Nebraska	40	134	44	155	48	178	49	179
Kansas	45	147	51	181	56	216	57	222
South	41	131	44	155	46	180	48	194
South Atlantic	42	137	46	166	49	197	50	209
Delaware	40	145	43	168	47	219	53	250
Maryland	44	159	46	179	49	233	51	260
Dist. of Columbia	35	188	41	239	43	282	44	313
Virginia	40	127	43	151	46	181	48	187
West Virginia	28	69	30	84	34	97	43	133
North Carolina	42	117	45	142	48	165	49	186
South Carolina	41	101	44	124	46	145	46	142
Georgia	45	140	47	165	50	184	51	197
Florida	50	185	53	229	56	275	56	268
East South Central	39	111	42	131	43	141	46	158
Kentucky	31	84	33	100	36	108	38	120
Tennessee	43	120	45	138	47	154	48	162
Alabama	42	128	45	156	46	162	52	209
Mississippi	40	110	44	125	45	132	45	133
West South Central	40	136	44	158	45	182	46	197
Arkansas	39	110	44	131	47	159	48	157
Louisiana	31	102	33	110	36	134	39	154
Oklahoma	42	133	45	149	46	159	45	163
Texas	44	162	48	191	48	217	50	238
West	53	209	58	248	59	270	60	294
Mountain	45	162	48	191	50	212	51	219
Montana	42	131	46	158	47	181	48	172
Idaho	47	141	51	159	52	169	52	171
Wyoming	38	121	43	148	44	155	45	162
Colorado	45	148	48	171	53	199	55	209
New Mexico	42	131	44	156	46	171	45	166
Arizona	48	208	51	244	51	262	52	264
Utah	38	122	40	132	46	164	51	173
Nevada	50	242	54	299	55	307	57	363
Pacific	56	222	60	264	62	286	63	316
Washington	48	162	54	188	55	207	54	202
Oregon	46	157	49	184	51	202	54	226
California	58	238	63	285	64	307	65	342
Alaska	41	244	42	294	44	276	44	325
Hawaii	51	214	56	233	58	280	59	320

Appendix B

Provisions of the Law Relating to Physicians' Services

The Supplementary Medical Insurance Program, Part B of Medicare, provides coverage for a variety of medical services and supplies furnished by physicians. For the beneficiary population 65 years of age and over, approximately 82 percent of all Part B reimbursements in 1975 were for physicians and related care. The remaining Part B reimbursements were for outpatient hospital and home health services. The proportion of Part B reimbursements for physicians and related care dropped to 78 percent in 1976, to 77 percent in 1977, and to 76 percent in 1978. For the disabled beneficiaries, reimbursements for physicians and related care accounted for a much smaller proportion of all Part B reimbursement:

51 percent in 1975
52 percent in 1976
50 percent in 1977
53 percent in 1978

The Part B program is designed to operate throughout the nation with a uniform set of benefits and a uniform set of cost-sharing requirements in the form of deductibles and coinsurance. Also, there is a uniform monthly premium required for participation in Part B. After the beneficiary has met a deductible of $60, the program reimburses 80 percent of allowed charges and the beneficiary is responsible for 20 percent of allowed charges. Following are the annual deductible and average monthly premium amounts for 1975-1978. The premium amount generally increases on July 1 of each year, thus, the amounts shown represent average payments for the year.

Average Payment Premium

Year	*Deductible*	*Average Monthly Premium*
1975	$60	$6.70
1976	$60	$6.95
1977	$60	$7.45
1978	$60	$7.95

Under Part B, the physician can accept or reject assignment of payment. If assignment is accepted, the physician agrees to accept as full payment the allowed charge and the physician is paid directly by the program. If assignment is not accepted, the program reimburses the beneficiary directly and the beneficiary is liable for the difference between the submitted and the allowed charge.

To determine allowed charges, Medicare uses the customary, prevailing, and reasonable charge (CPR) method. Under Medicare the "reasonable" or "allowed" charge is the lowest of (1) the actual charge made by the physician for that service, (2) the physician's customary charge (the physician's 50th percentile) for that service, or (3) the prevailing charge (set at the 75th percentile of weighted customaries) in the locality for that service.

In response to concern about the continuing rise in physicians' charges—and the fact that under the CPR method submitting higher charges one year raises the basis for reimbursement the next year—legislation was enacted to control the rate of increases in Medicare reimbursements. Starting with fiscal year 1976, increases in prevailing charges (the maximum Medicare allows) have been limited to an economic index. The index parallels the rate of increase in certain economic indicators that relate to the cost of maintaining an office practice and to the earnings level in the general economy.

Appendix C
Technical Note

Sampling Error*

The data presented in this compendium are estimates based on a 1-percent sample of the aged for all years, 1975 through 1978. For the disabled, the sample is 1 percent for 1975 and 5 percent for 1976 through 1978. Tables A through M will enable the reader to obtain approximate standard errors for the estimates in this compendium. The standard error is primarily a measure of sampling variability—that is, of the variation that occurs by chance because a sample rather than the whole population is used. To calculate the standard errors as a reasonable cost for the wide variety of estimates shown, it was necessary to use approximate methods. Thus, these tables should be used only as indicators of the order of magnitude of the standard errors for specific estimates. Standard errors for the disabled population are presented for a 5-percent sample only. If the reader requires standard errors for the 1975 disabled estimates they may be approximated by multiplying the table values by 2.2.

The sample estimate and an estimate of its standard error permit us to construct interval estimates with prescribed confidence that the interval includes the average result of all possible samples (for a given sampling rate). To illustrate, if all possible samples were selected, each of these were surveyed under essentially the same conditions *and an estimate and its estimated standard error were calculated from each sample,* then:

i. Approximately ⅔ of the intervals from one standard error below the estimate to one standard error above the estimate would include the average value of all possible samples. We call an interval from one standard error below the estimate to one standard error above the estimate a ⅔ confidence interval.

ii. Approximately 9/10 of the intervals from 1.6 standard errors below the estimate to 1.6 standard errors above the estimate would include the average value of all possible samples. We call an interval from 1.6 standard errors below the estimate to 1.6 standard errors above the estimate a 90 percent confidence interval.

iii. Approximately 19/20 of the intervals from two standard errors below the estimate to two standard errors above the estimate would include the average value of all possible samples. We call an interval from two standard errors below the estimate to two standard errors above the estimate a 95 percent confidence interval.

iv. Almost all intervals from three standard errors below the sample estimate to three standard errors above the sample estimate would include the average value of all possible samples.

The average value of all possible samples may or may not be contained in any particular computed interval. But for a *particular* sample, one can say *with specified confidence* that the average of all possible samples is included in the constructed interval.

The relative standard error is defined as the standard error of the estimate divided by the value being estimated. In general, small estimates, estimates for small subgroups, and percentages or means with small bases tend to be relatively unreliable. The reader should be aware that some of these estimates may have high relative standard errors.

Tables A and B show standard errors for estimated totals. Values that cannot be read directly from the table can be obtained by linear interpolation. Tables C through M are for estimated rates or means and require knowledge of the number in the base of the estimate and may require double linear interpolation.

As an illustration of the use of the standard error tables, Table 7 shows an average of $159 reimbursed per enrollee for ages 85 and over in 1975. The following steps, using double linear interpolation show how to obtain the standard error of this estimate.

1. Table 1 shows the number of enrollees in the denominator to be 1,785,000.
2. In Table G we find:
   a. Standard error for $100 per enrollee and 1 million enrolled is $3.5.
   b. Standard error for $200 per enrollee and 1 million enrolled is $5.0.
3. The interpolated standard error for $159 per enrollee and 1 million enrolled is $4.4.
4. Again in Table G we find:
   a. Standard error for $100 per enrollee and 2 million enrolled is $2.5.
   b. Standard error for $200 per enrollee and 2 million enrolled is $3.6.
5. The interpolated standard error for $159 per enrollee and 2 million enrolled is $3.2.
6. Interpolating between $4.4 and $3.2 for the 1,785,000 enrollees in the base, we find the standard error of the estimate to be $3.5 per enrollee.

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* Prepared by James C. Beebe, mathematical statistician, Office of Research.

TABLE A
Approximate Standard Error of Estimated Dollars
(In thousands)

Estimated dollars	Standard error	
	Aged	Disabled
$100	$100	$45
200	140	76
300	180	94
400	210	110
500	230	130
700	270	150
1,000	330	180
2,000	470	270
3,000	580	340
5,000	750	440
7,000	900	540
10,000	1,100	670
20,000	1,500	940
30,000	1,900	1,200
50,000	2,500	1,600
70,000	2,900	1,900
100,000	3,500	2,300
200,000	5,000	3,400
300,000	6,200	4,200
500,000	8,100	5,800
700,000	9,600	6,800
1,000,000	12,000	8,300
2,000,000	16,000	NA
3,000,000	20,000	NA
5,000,000	26,000	NA

NA—Not applicable.

TABLE B
Approximate Standard Error of Estimated Number of Persons

Estimated number of persons	Standard error	
	Aged	Disabled
100	100	45
200	140	63
300	170	76
500	220	98
700	260	120
1,000	320	140
2,000	450	200
3,000	550	250
5,000	710	320
7,000	840	380
10,000	1,000	450
20,000	1,400	630
30,000	1,700	760
50,000	2,200	980
70,000	2,600	1,200
100,000	3,200	1,400
200,000	4,500	2,000
300,000	5,400	2,400
500,000	7,000	3,100
700,000	8,200	3,200
1,000,000	9,800	4,400
2,000,000	14,000	6,300
3,000,000	16,000	7,200
5,000,000	20,000	NA
7,000,000	22,000	NA
10,000,000	24,000	NA
15,000,000	22,000	NA

NA—Not applicable.

TABLE C

Approximate Standard Error of Percent of Enrolled Persons or Percent of Persons Served—Aged

Percent	Base of percent (persons enrolled or percent served in thousands)																				
	1	2	3	5	7	10	20	30	50	70	100	200	300	500	700	1,000	2,000	3,000	5,000	7,000	10,000	20,000
1 or 99	3.2	2.2	1.8	1.4	1.2	1.0	.71	.58	.45	.38	.32	.22	.18	.14	.12	.10	.071	.058	.045	.038	.032	.022
2 or 98	4.5	3.2	2.6	2.0	1.7	1.4	1.0	.82	.63	.53	.45	.32	.26	.20	.17	.14	.10	.082	.063	.053	.045	.031
3 or 97	5.5	3.9	3.2	2.5	2.1	1.7	1.2	1.0	.78	.66	.55	.39	.32	.25	.21	.17	.12	.10	.077	.065	.054	.038
4 or 96	6.3	4.5	3.7	2.8	2.4	2.0	1.4	1.2	.89	.76	.63	.45	.37	.28	.24	.20	.14	.12	.089	.075	.063	.044
5 or 95	7.1	5.0	4.1	3.2	2.7	2.2	1.6	1.3	1.0	.85	.71	.50	.41	.32	.27	.22	.16	.13	.099	.084	.070	.049
7 or 93	8.4	5.9	4.8	3.7	3.2	2.6	1.9	1.5	1.2	1.0	.84	.59	.48	.37	.32	.26	.19	.15	.12	.099	.082	.057
10 or 90	10	7.1	5.8	4.5	3.8	3.2	2.2	1.8	1.4	1.2	1.0	.71	.58	.45	.38	.32	.22	.18	.14	.12	.098	.067
20 or 80	14	10	8.2	6.3	5.3	4.5	3.2	2.6	2.0	1.7	1.4	1.0	.82	.63	.53	.45	.31	.26	.20	.16	.14	.090
30 or 70	17	12	10	7.8	6.5	5.5	3.9	3.2	2.4	2.1	1.7	1.2	1.0	.77	.65	.54	.38	.31	.24	.20	.16	.10
40 or 60	20	14	12	8.9	7.6	6.3	4.5	3.7	2.8	2.4	2.0	1.4	1.2	.89	.75	.63	.44	.36	.27	.22	.18	.11
50 . . .	22	16	13	10	8.5	7.1	5.0	4.1	3.2	2.7	2.2	1.6	1.3	.99	.84	.70	.49	.39	.30	.25	.20	.12

TABLE D

Approximate Standard Error of Percent of Enrolled Persons or Percent of Persons Served—Disabled

Percent	Base of percent (persons enrolled or persons served in thousands)																	
	1	2	3	5	7	10	20	30	50	70	100	200	300	500	700	1,000	2,000	3,000
1 or 99	1.4	1.0	.82	.63	.53	.45	.32	.26	.20	.17	.14	.10	.082	.063	.053	.045	.031	.026
2 or 98	2.0	1.4	1.2	.89	.76	.63	.45	.37	.28	.24	.20	.14	.12	.089	.075	.063	.044	.036
3 or 97	2.4	1.7	1.4	1.1	.93	.77	.55	.45	.35	.29	.24	.17	.14	.11	.092	.077	.054	.044
4 or 96	2.8	2.0	1.6	1.3	1.1	.89	.63	.52	.40	.34	.28	.20	.16	.13	.11	.089	.062	.055
5 or 95	3.2	2.2	1.8	1.4	1.2	1.0	.71	.58	.45	.38	.32	.22	.18	.14	.12	.099	.069	.056
7 or 93	3.7	2.7	2.2	1.7	1.4	1.2	.84	.68	.53	.45	.37	.26	.22	.17	.14	.12	.081	.065
10 or 90	4.5	3.2	2.6	2.0	1.7	1.4	1.0	.82	.63	.53	.45	.31	.26	.20	.17	.14	.096	.077
20 or 80	6.3	4.5	3.7	2.8	2.4	2.0	1.4	1.2	.89	.75	.63	.44	.36	.28	.23	.19	.13	.10
30 or 70	7.7	5.5	4.5	3.5	2.9	2.5	1.7	1.4	1.1	.92	.77	.54	.44	.34	.28	.23	.15	.11
40 or 60	8.9	6.3	5.2	4.0	3.4	2.8	2.0	1.6	1.3	1.1	.89	.62	.50	.38	.32	.26	.17	.12
50 . . .	10.0	7.1	5.8	4.5	3.8	3.2	2.2	1.8	1.4	1.2	.99	.69	.56	.42	.35	.28	.17	.12

TABLE E

Approximate Standard Error of Number of Reimbursed Physician Services per Enrollee or per User—Aged

Services per enrollee	Base of rate (persons in thousands)																					
	1	2	3	5	7	10	20	30	50	70	100	200	300	500	700	1,000	2,000	3,000	5,000	7,000	10,000	20,000
1	1.0	1.0	1.0	1.0	.85	.71	.50	.41	.32	.27	.23	.16	.13	.10	.087	.073	.052	.042	.033	.028	.023	.017
2	2.0	2.0	1.8	1.4	1.2	1.0	.71	.58	.45	.38	.32	.23	.19	.15	.12	.10	.073	.060	.047	.040	.033	.024
3	3.0	2.7	2.2	1.7	1.5	1.2	.88	.72	.56	.47	.40	.28	.23	.18	.15	.13	.090	.074	.057	.049	.041	.029
5	5.0	3.5	2.9	2.3	1.9	1.6	1.1	.93	.72	.61	.51	.36	.30	.23	.20	.16	.12	.096	.074	.063	.053	.037
7	5.9	4.2	3.4	2.7	2.3	1.9	1.3	1.1	.86	.73	.61	.43	.35	.27	.23	.19	.14	.11	.088	.075	.063	.044
10	7.1	5.0	4.1	3.2	2.7	2.3	1.6	1.3	1.0	.87	.73	.52	.42	.33	.28	.23	.17	.14	.11	.089	.075	.053
20	10.0	7.1	5.8	4.5	3.8	3.2	2.3	1.9	1.5	1.2	1.0	.73	.60	.47	.40	.33	.24	.19	.15	.13	.11	.075
30	12.0	8.8	7.1	5.6	4.7	4.0	2.8	2.3	1.8	1.5	1.3	.90	.74	.57	.49	.41	.29	.24	.18	.16	.13	.093
40	14.0	10.0	8.3	6.5	5.5	4.6	3.3	2.7	2.1	1.8	1.5	1.0	.85	.66	.56	.47	.33	.27	.21	.18	.15	.11

TABLE F

Approximate Standard Error of Number of Reimbursed Physician Services per Enrollee or per User—Disabled

Services Per enrollee	Base of rate (persons in thousands)																	
	1	2	3	5	7	10	20	30	50	70	100	200	300	500	700	1,000	2,000	3,000
1	.82	.61	.51	.41	.35	,30	.22	.19	.15	.13	.11	.082	.068	.055	.047	.040	.030	.025
2	1.2	.90	.75	.60	.52	.45	.33	.28	.22	.19	.16	.12	.10	.081	.070	.060	.044	.037
3	1.5	1.1	.95	.76	.65	.56	.41	.35	.28	.24	.21	.15	.13	.10	.088	.075	.065	.047
5	2.0	1.5	1.3	1.0	.87	.75	.55	.46	.37	.32	.27	.20	.17	.14	.12	.10	.074	.062
7	2.5	1.8	1.5	1.2	1.1	.80	.67	.58	.45	.39	.33	.24	.21	.16	.14	.12	.090	.075
10	3.0	2.2	1.9	1.5	1.3	1.1	.82	.68	.55	.47	.40	.30	.25	.20	.17	.15	.11	.092
20	4.5	3.3	2.8	2.2	1.9	1.6	1.2	1.0	.81	.70	.60	.44	.37	.30	.26	.22	.16	.14
30	5.6	4.1	3.5	2.8	2.4	2.1	1.5	1.3	1.0	.88	.75	.56	.47	.37	.32	.28	.20	.17

TABLE G

Approximate Standard Error of Estimated Dollars per Enrollee or per User—Aged

Dollars per enrollee	Base of rate (persons in thousands)																					
	1	2	3	5	7	10	20	30	50	70	100	200	300	500	700	1,000	2,000	3,000	5,000	7,000	10,000	20,000
$10	$ 10	$ 10	$ 10	$ 10	$ 10	$10	$ 7.2	$ 5.9	$ 4.6	$ 3.9	$ 3.3	$ 2.4	$ 1.9	$ 1.5	$ 1.3	$1.1	$ .77	$ .63	$ .49	$ .42	$ .35	$ .25
20	20	20	20	20	17	14	10	8.4	6.6	5.6	4.7	3.4	2.8	2.2	1.8	1.5	1.1	.90	.71	.60	.50	.36
30	30	30	30	25	21	18	13	10	8.1	6.9	5.8	4.1	3.4	2.7	2.3	1.9	1.4	1.1	.87	.74	.62	.44
50	50	50	41	32	27	23	16	14	11	9.0	7.5	5.4	4.4	3.5	2.9	2.5	1.8	1.5	1.1	.96	.81	.58
70	70	60	49	38	33	27	20	16	13	11	9.0	6.4	5.3	4.1	3.5	2.9	2.1	1.7	1.3	1.1	.96	.69
100	100	72	59	46	39	33	24	19	15	13	11	7.7	6.3	4.9	4.2	3.5	2.5	2.1	1.6	1.4	1.2	.82
200	140	100	84	66	56	47	34	28	22	18	15	11	9.0	7.1	6.0	5.0	3.6	3.0	2.3	2.0	1.7	1.2
300	180	130	100	81	69	58	41	34	27	23	19	14	11	8.7	7.4	6.2	4.4	3.6	2.8	2.4	2.0	1.5
500	230	160	140	110	90	75	54	44	35	29	25	18	14	11	9.6	8.1	5.8	4.7	3.7	3.1	2.6	1.9
700	270	200	160	130	110	90	64	53	41	35	29	21	17	13	11	9.6	6.9	5.6	4.4	3.7	3.1	2.2

TABLE H

Approximate Standard Error of Estimated Dollars per Enrollee or per User—Disabled

Dollars Per enrollee	Base of rate (persons in thousands)																	
	1	2	3	5	7	10	20	30	50	70	100	200	300	500	700	1,000	2,000	3,000
$10	$10	$10	$8.7	$6.9	$6.0	$5.1	$3.7	$3.1	$2.5	$2.1	$1.8	$1.3	$1.1	$.88	$.76	$.65	$.48	$.40
20	20	15	13	10	8.7	7.5	5.5	4.6	3.6	3.1	2.7	2.0	1.6	1.3	1.1	.95	.70	.58
30	26	19	16	13	11	9.3	6.8	5.7	4.5	3.9	3.3	2.4	2.0	1.6	1.4	1.2	.87	.73
50	35	25	21	17	15	12	9.1	7.6	6.0	5.2	4.4	3.2	2.7	2.2	1.9	1.6	1.2	.97
70	42	31	26	20	17	15	11	9.1	7.3	6.2	5.3	3.9	3.3	2.6	2.2	1.9	1.4	1.2
100	51	37	31	25	21	18	13	11	8.8	7.6	6.5	4.8	4.0	3.2	2.7	2.3	1.7	1.4
200	75	55	46	36	31	27	20	16	13	11	9.5	7.0	5.8	4.6	4.0	3.4	2.5	2.1
300	93	68	57	45	39	33	24	20	16	14	12	8.7	7.3	5.8	5.0	4.3	3.1	2.6
500	120	91	76	60	52	44	32	27	22	19	16	12	9.7	7.7	6.6	5.6	4.1	3.5
700	150	110	91	73	62	53	39	33	26	22	19	14	12	9.3	8.0	6.8	5.0	4.2

TABLE I
Approximate Standard Error of Percent Distribution of Dollars—Aged

Percent	Base of percent (dollars in millions)																	
	$1	$2	$3	$5	$7	$10	$20	$30	$50	$70	$100	$200	$300	$500	$700	$1,000	$2,000	$3,000	$5,000
1 or 99	3.3	2.4	2.0	1.5	1.3	1.0	.78	.64	.50	.42	.36	.26	.21	.17	.14	.12	.088	.075	.061
2 or 98	4.7	3.3	2.7	2.1	1.8	1.5	1.1	.90	.70	.60	.50	.36	.30	.23	.20	.17	.12	.10	.086
3 or 97	5.7	4.1	3.3	2.6	2.2	1.9	1.3	1.1	.86	.73	.61	.44	.36	.28	.24	.21	.15	.13	.10
5 or 95	7.3	5.2	4.3	3.3	2.8	2.4	1.7	1.4	1.1	.93	.78	.56	.46	.36	.31	.26	.19	.16	.13
7 or 93	8.5	6.1	5.0	3.9	3.3	2.8	2.0	1.6	1.3	1.1	.91	.66	.54	.42	.36	.31	.23	.19	.16
10 or 90	10	7.2	5.9	4.6	3.9	3.3	2.3	1.9	1.5	1.3	1.1	.77	.63	.50	.43	.36	.26	.22	.18
20 or 80	13	9.5	7.8	6.1	5.2	4.4	3.1	2.6	2.0	1.7	1.4	1.0	.84	.66	.56	.48	.35	.29	.24
30 or 70	15	11	8.9	7.0	5.9	5.0	3.6	2.9	2.3	1.9	1.6	1.2	.96	.75	.64	.54	.40	.33	.27
50 . . .	16	12	9.7	7.5	6.4	5.4	3.9	3.2	2.5	2.1	1.8	1.3	1.0	.81	.69	.59	.43	.36	.29

TABLE J
Approximate Standard Error of Percent Distribution of Dollars—Disabled

Percent	Base of percent (dollars in millions)													
	$1	$2	$3	$5	$7	$10	$20	$30	$50	$70	$100	$200	$300	$500
1 or 99	1.9	1.4	1.2	.94	.80	.67	.49	.42	.33	.28	.24	.18	.15	.12
2 or 98	2.7	2.0	1.7	1.3	1.1	.94	.72	.58	.45	.40	.34	.25	.21	.17
3 or 97	3.3	2.4	2.0	1.6	1.3	1.2	.85	.72	.58	.49	.42	.30	.25	.20
5 or 95	4.2	3.0	2.6	2.0	1.7	1.5	1.1	.89	.72	.63	.54	.39	.32	.26
7 or 93	4.9	3.5	3.0	2.4	2.0	1.7	1.3	1.1	.85	.72	.63	.45	.38	.30
10 or 90	5.8	4.2	3.5	2.8	2.4	2.0	1.5	1.3	.98	.85	.72	.54	.44	.35
20 or 80	7.6	5.4	4.5	3.7	3.1	2.7	2.0	1.7	1.3	1.1	.94	.72	.58	.45
30 or 70	8.5	6.3	5.4	4.2	3.6	3.0	2.2	1.9	1.5	1.3	1.1	.80	.67	.54
50 . . .	8.9	6.7	5.4	4.4	3.8	3.3	2.4	2.0	1.6	1.3	1.2	.85	.72	.58

TABLE K

Approximate Standard Error for Percent Distribution of Services—Aged

Percent	Base of percent (services in thousands)												
	10	20	30	50	70	100	200	300	500	700	1,000	2,000	3,000
1 or 99	7.1	5.0	4.1	3.2	2.7	2.3	1.6	1.3	1.0	.87	.73	.52	.42
2 or 98	10	7.1	5.8	4.5	3.8	3.2	2.3	1.9	1.4	1.2	1.0	.73	.60
3 or 97	12	8.6	7.1	5.5	4.7	3.9	2.8	2.3	1.8	1.5	1.3	.89	.73
5 or 95	16	11	9.0	7.0	5.9	5.0	3.5	2.9	2.3	1.9	1.6	1.1	.93
7 or 93	18	13	11	8.2	7.0	5.8	4.1	3.4	2.6	2.2	1.9	1.3	1.1
10 or 90	21	15	12	9.7	8.2	6.9	4.9	4.0	3.1	2.6	2.2	1.6	1.3
20 or 80	28	20	17	13	11	9.1	6.5	5.3	4.1	3.5	2.9	2.1	1.7
30 or 70	33	23	19	15	12	10	7.4	6.1	4.7	4.0	3.4	2.4	2.0
50	35	25	21	16	14	11	8.1	6.6	5.7	4.3	3.6	2.6	2.1

Percent	Base of percent (services in thousands)									
	5,000	7,000	10,000	20,000	30,000	50,000	70,000	100,000	200,000	300,000
1 or 99	.33	.28	.24	.17	.14	.11	.094	.081	.061	.053
2 or 98	.46	.39	.33	.24	.20	.15	.13	.11	.086	.074
3 or 97	.57	.48	.40	.29	.24	.19	.16	.14	.10	.090
5 or 95	.72	.61	.52	.37	.30	.24	.21	.18	.13	.12
7 or 93	.85	.72	.60	.43	.36	.28	.24	.21	.16	.13
10 or 90	.99	.84	.71	.51	.42	.33	.28	.24	.18	.16
20 or 80	1.3	1.1	.94	.67	.56	.44	.37	.32	.24	.21
30 or 70	1.5	1.3	1.1	.77	.63	.50	.43	.36	.27	.23
50	1.7	1.4	1.2	.84	.69	.54	.46	.39	.29	.24

TABLE L

Approximate Standard Error for Percent Distribution of Services—Disabled

Percent	Base of percent (services in thousands)																		
	5	7	10	20	30	50	70	100	200	300	500	700	1,000	2,000	3,000	5,000	7,000	10,000	20,000
1 or 99	4.3	3.7	3.2	2.4	2.0	1.6	1.3	1.2	.85	.72	.58	.49	.43	.32	.27	.21	.19	.16	.13
2 or 98	6.3	5.4	4.5	3.3	2.8	2.2	1.9	1.7	1.2	1.0	.80	.72	.63	.45	.38	.30	.26	.23	.17
3 or 97	7.2	6.3	5.4	4.0	3.0	2.7	2.3	2.0	1.5	1.3	.98	.85	.72	.54	.45	.37	.32	.28	.21
5 or 95	9.4	8.1	7.2	4.9	4.3	3.4	3.0	2.6	1.9	1.6	1.3	1.1	.94	.72	.58	.49	.41	.35	.27
7 or 93	11	9.4	8.1	5.8	4.9	4.0	3.5	3.0	2.2	1.8	1.5	1.3	1.1	.80	.67	.54	.49	.42	.31
10 or 90	13	11	9.4	7.2	5.8	4.9	4.1	3.5	2.6	2.2	1.7	1.5	1.3	.94	.80	.63	.58	.49	.37
20 or 80	17	15	13	9.4	7.6	6.3	5.4	4.5	3.4	2.9	2.3	2.0	1.7	1.3	1.1	.95	.76	.63	.49
30 or 70	19	17	14	10	8.9	7.2	6.3	5.4	3.9	3.2	2.6	2.2	1.9	1.4	1.2	.98	.85	.72	.54
50 . . .	21	17	15	11	9.4	7.6	6.3	5.4	4.1	3.4	2.7	2.4	2.0	1.5	1.3	1.0	.89	.76	.58

TABLE M

Approximate Relative Standard Error of Dollars per Service

Base of rate (services in thousands)	Relative standard error	
	Aged	Disabled
10	.52	.23
20	.37	.17
30	.30	.13
50	.23	.10
70	.20	.089
100	.17	.076
200	.12	.054
300	.096	.043
500	.075	.034
700	.063	.028
1,000	.053	.024
2,000	.037	.017
3,000	.031	.014
5,000	.024	.011
7,000	.020	.0089
10,000	.017	.0076
20,000	.012	.0054
30,000	.0098	.0044
50,000	.0076	.0034
70,000	.0064	.0029
100,000	.0054	.0024
200,000	.0038	.0017

APPENDIX D

Billing Forms

REQUEST FOR MEDICARE PAYMENT

MEDICAL INSURANCE BENEFITS—SOCIAL SECURITY ACT (See Instructions on Back — **Type or Print Information**)

Form Approved OMB No 066-R-0012

No Part B Medicare benefits may be paid unless this form is received as required by existing law and regulations (42 CFR 405.1678)

NOTICE—Anyone who misrepresents or falsifies essential information requested by this form may upon conviction be subject to fine and imprisonment under Federal Law

PART I—PATIENT TO FILL IN ITEMS 1 THROUGH 6 ONLY

Copy from YOUR OWN HEALTH INSURANCE CARD ➡

1 Name of patient (First name, Middle initial, Last name)

2 Health insurance claim number *(Include all letters)*

☐ Male ☐ Female

3 Patient's complete mailing address (including Apt. no.) City, State, ZIP Code

Telephone Number

4 Describe the illness or injury for which you received treatment *(Always fill in this item if your doctor does not complete Part II below)*

Was your illness or injury connected with your employment?

☐ Yes ☐ No

5 If any of your medical expenses will be or could be paid by another insurance organization or government agency, show below

Name and address of organization or agency

Policy or Identification Number

Note: If you **Do Not** want information about this Medicare claim released to the above upon its request, check (X) the following block ☐

6 I authorize any holder of medical or other information about me to release to the Social Security Administration and Health Care Financing Administration or its intermediaries or carriers any information needed for this or a related Medicare claim. I permit a copy of this authorization to be used in place of the original, and request payment of medical insurance benefits either to myself or to the party who accepts assignment below

Signature of patient *(See instructions on reverse where patient is unable to sign)*

SIGN HERE ➡

Date signed

PART II—PHYSICIAN OR SUPPLIER TO FILL IN 7 THROUGH 14

7 A. Date of each service	B. Place of service (*See Codes below)	C. Fully describe surgical or medical procedures and other services or supplies furnished for each date given (if lab service, indicate if automated)	Procedure Code	D. Nature of illness or injury requiring services or supplies	E. Charges (if related to unusual circumstances explain in 7C)	Leave Blank
					$	

8 Name and address of physician or supplier *(Number and street, city, State, ZIP code)*

Telephone No

9 Total charges $

Physician or supplier code

10 Amount paid $

11 Any unpaid balance due $

12 Assignment of patient's bill

➡ ☐ I accept assignment *(See reverse)* ☐ I do not accept assignment

13 Name and address of person or facility where services were furnished *(Complete if outside your own office or patient's residence)*

14 Signature of physician or supplier (I certify that the statements under Physicians' Notes on the reverse apply to this bill and are made a part hereof.) ➡

Date Signed

O—Doctor's Office IL—Independent Laboratory H—Patient's Home *(If portable X-ray services identify the supplier)* IH—Inpatient Hospital SNF—Skilled Nursing Facility OH—Outpatient Hospital OL—Other Locations NH—Nursing Home

FORM HCFA-1490 (5-78) (FORMERLY SSA-1490) Department of Health and Human Services—Health Care Financing Administration

PROVIDER BILLING FOR PATIENT SERVICES BY PHYSICIANS
MEDICAL INSURANCE BENEFITS-SOCIAL SECURITY ACT

(Use this form only where the provider has a billing arrangement to collect physician charges for individual patient care pursuant to an agreement with the physician.)

Form Approved
OMB No. 0938-0016

No Part B Medicare benefits may be paid unless this form is received as required by existing law and regulations(20 CFR 422.510)

NOTICE: Anyone who misrepresents or falsifies essential information requested by this form may upon conviction be subject to fine and imprisonment under Federal law.

1. PATIENT'S LAST NAME	FIRST NAME	MI	2. SEX ☐ M ☐ F	3. HEALTH INSURANCE CLAIM NUMBER

4. PATIENT'S ADDRESS *(Street number, City, State, Zip Code)*

5. NAME AND ADDRESS OF PROVIDER	5A. PROVIDER NO.

6. If any of these medical expenses will be or could be paid by another insurance organization or government agency, show below

Name and address of organization or agency	Policy or Identification Number

Note: If Patient does **Not** want information about this Medicare claim released to the above upon its request, check (X) the following block ☐

7. I authorize any holder of medical or other information about me to release to the Social Security Administration and Health Care Financing Administration or its intermediaries or carriers any information needed for this or a related Medicare claim. I permit a copy of this authorization to be used in place of the original, and request payment of medical insurance benefits either to myself or to the party who accepts assignment below.

☐ SIGNATURE CONTAINED IN PROVIDER'S RECORD	SIGNATURE *(Patient or authorized representative) (Signature by mark must be witnessed)*	DATE

8.A. DATE OF EACH SERVICE	B. PLACE OF SERVICE (1)	C. FULLY DESCRIBE SURGICAL OR MEDICAL PROCEDURES	D. PHYSICIAN IDENTIFICATION INFORMATION	E. CHARGE FOR PHYSICIANS SERVICES	LEAVE BLANK
			NAME OF PHYSICIAN/DEPARTMENT TOTAL CHARGE / PERCENT OF CHARGE		
			NAME OF PHYSICIAN/DEPARTMENT TOTAL CHARGE / PERCENT OF CHARGE		
			NAME OF PHYSICIAN/DEPARTMENT TOTAL CHARGE / PERCENT OF CHARGE		
			NAME OF PHYSICIAN/DEPARTMENT TOTAL CHARGE / PERCENT OF CHARGE		
			NAME OF PHYSICIAN/DEPARTMENT TOTAL CHARGE / PERCENT OF CHARGE		
			NAME OF PHYSICIAN/DEPARTMENT TOTAL CHARGE / PERCENT OF CHARGE		

(1) CODES: IH-INPATIENT HOSPITAL, OH-OUTPATIENT HOSPITAL, SNF-SKILLED NURSING FACILITY, H-HOME HEALTH AGENCY

9. DIAGNOSIS AND CONCURRENT CONDITIONS	TOTALS	$	
	Amount paid by Beneficiary		
10. EMPLOYMENT RELATED *(If "Yes," give name and address of employer)* ☐ YES ☐ NO	Any unpaid Balance		

11. PROVIDER CERTIFICATION: The physicians who performed the services described above have authorized the provider to accept assignment and receive payments in their behalf (and such authorizations are on file and still in effect.)

SIGNATURE OF PROVIDER REPRESENTATIVE	DATE

Form **HCFA-1554(2)** (4-80) Formerly SSA-1554(2))

Department of Health and Human Services
Health Care Financing Administration

Department of Health and Human Services
Health Care Financing Administration

PREPAYMENT PLAN FOR
GROUP MEDICAL PRACTICES DEALING THROUGH A CARRIER
MEDICAL INSURANCE BENEFITS – SOCIAL SECURITY ACT

Form Approved
OMB No. 0938-0021

No Part B Medicare benefits may be paid unless this form is received as required by existing law and regulations (20 CFR 422.510)

NOTICE: Anyone who misrepresents or falsifies essential information requested by this form may upon conviction be subject to fine and imprisonment under Federal law

NAME AND ADDRESS OF GROUP PRACTICE PREPAYMENT PLAN	Copy from HEALTH INSURANCE CARD	NAME OF PATIENT ADDRESS *(Street address, City, State, ZIP Code)*	
	GPPP NO.	CLAIM NUMBER	☐ MALE ☐ FEMALE

REPORT OF SERVICES – SEE INSTRUCTIONS ON REVERSE SIDE

1. a DATE OF EACH VISIT OR SERVICE	b PLACE OF VISIT OR SERVICE[2]	c PHYSICIAN SPECIALTY OR SUPPLIER CODE[1]	d FULLY DESCRIBE SURGICAL OR MEDICAL PROCEDURES AND OTHER SERVICES OR SUPPLIES FURNISHED FOR EACH DATE GIVEN	e DIAGNOSIS	f CHARGES	LEAVE BLANK

3. ARE ANY SERVICES, ILLNESSES OR INJURIES DESCRIBED IN ITEM 1 EMPLOYMENT RELATED?
☐ Yes ☐ No *(If "yes," indicate which one(s) and give name and address of employer below.)*

2. TOTALS		
4. Deductible and coinsurance paid		
5. Any unpaid balance		

The above named organization has in file and currently in effect an assignment by this patient of amounts payable under Part B of Title XVIII of the Social Security Act for medical services furnished him by it or under arrangements made by it. The organization hereby accepts such assignment with the understanding that under its terms the reasonable charge for any service as determined by the carrier shall be the full charge for the service.

6. SIGNATURE OF AUTHORIZED REPRESENTATIVE OF GROUP PRACTICE PREPAYMENT PLAN	7. DATE

[1] *See reverse for listing of codes to be used in this block.*
[2] O–Doctor's Office C–Clinic IH–Inpatient Hospital ECF–Extended Care Facility IL–Independent Laboratory *(give name & address in 1D)*
H–Patient's Home OH–Outpatient Hospital NH–Nursing Home OL–Other Locations *(Specify in 1D)*

Form **HCFA-1556** (7-78) (Formerly SSA-1556)

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